

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000018426

Name and Mailing Address

2002 OCT 28 AM 10: 53

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

0010861 01 FP 0.352 **PRSR H2 0 0615 32828-820629



TECHNOLOGY EDUCATION SERVICES, LLC
13529 GUILDHALL CIRCLE
ORLANDO FL 32828-8206



US

CR2E084 (8/02)

2. New Mailing Address

1969 S. ALAFAYA TRAIL, #335

City, State, Zip
ORLANDO, FL 32828

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/24/2001

Principal Place of Business

13529 GUILDHALL CIRCLE
ORLANDO FL 32828
US

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

59-3753885

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

AGATE, JASON M
13529 GUILDHALL CIRCLE
ORLANDO FL 32828

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

600008639146

10/28/02--01137--008 **150.00

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Jason M. Agate

REGISTERED AGENT MUST SIGN

Date 10/24/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	JASON M. AGATE	13529 GUILDHALL CIRCLE	ORLANDO, FL, 32828

REINSTATEMENT

2002

JP

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Jason M. Agate

Date 10/24/02

Daytime Phone # (407) 243-6494

Typed or printed name of signing Managing Member/Manager

JASON M. AGATE