

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 18 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M95200

1. Corporation Name

EDUCATIONAL SERVICES OF SOUTH FLORIDA, INC.

Principal Place of Business

4801 S. UNIVERSITY DR
DAVIE FL 33328
US

Mailing Address

PO BOX 29063
DAVIE FL 33329
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite 225

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

P.O. Box 290363

Suite, Apt. #, etc.

City & State

Zip

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

06/22/1988

5. FEI Number

65-0068022

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	BALICKI, VICTORIA	9001 N.W. 5TH AVE.	PEMBROKE PINES FL 33024

500002696055--4
-11/25/98--01004--006
****150.00 ****150.00

8. Name and Address of Current Registered Agent

BALICKI, VICTORIA C.
4801 S. UNIVERSITY DR.
DAVIE FL 33328

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

VICTORIA C. BALICKI
REGISTERED AGENT MUST SIGN

Date

11/16/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. 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:

VICTORIA C. BALICKI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/16/98

Daytime Phone #

954-434-6990



EDUCATIONAL SERVICES OF SOUTH FLORIDA, INC.

SCHOOL STAFFING

PERMANENT PLACEMENT • SUBSTITUTES • TUTORING

4801 S. University Drive • Davie, Florida 33328 • (305) 434-6990

P.O. Box 290363 • Davie, Florida 33329

November 16th, 1998

Division of Corporation
Annual Report/Reinstatement Section

RE: DOCUMENT # M95200

On November 12th, 1998, I received for the first time,
any correspondence from your division.

As you can see the Post Office Box for my company is wrong,
it was even a miracle that I received this important piece of mail of
dissolution. I have never been late in ten years for the
fees. I spoke to a gentleman in your office named Shawn,
which told me to send in payment of \$150.00, and that the mail
sent to me, had been returned to your division.

Please send me notification of my reinstatement, of my
corporation.

Sincerely yours,

Victoria C. Balicki
Director