## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	RPORATION ISTATEM	(5 to 15 to 17 (16)	Secretar	DEPARTMENT OF STATE Secretary of State VISION OF CORPORATIONS		FILED D9 NOV 10 AM 12: 44		
DOCUMENT # N0600009509					SECRETARY OF STATE TALLAHASSEE FLORIDA			
Gamma Omicron Educational Services Inc.					1	00162639061 9/0901060008 **297.50	i	
				Office Address sadena Point Blvd		REINSTATEMENT		
Suite, Apt.			Suite, Apt. #, etc.			porated or Qualified		
			City & State Gulfport, Florida			To Do Business in Florida		
<sup>Zip</sup> 33707		Country United States	Zip 33707	Country United States	6. CERTIFICATI	E OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent								
Name Larry J. Newsome, Sr.  Street Address (P.O. Box Number is Not Acceptable) 6307 Pasadena Point Blvd  Suite, Apt. #, Etc.					☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
City Gulfport				State Zip Code 33707				
8. I, being Signature o Registered	of	registered agent of the abo	ve named corporation, am f		bligations of sect	Date 10/23/05		
9. Names	and Street Ad	dresses of Each Officer and	l/or Director (Florida nonpro	fit corporations must list at le	ast 3 directors)	j		
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zlp		
P	JOHN SMITH		13820	15916 DAWSON RIDGE DR. 13820 Charry Brook Lane		<u>3</u> 変 <i>6 47</i> Tampa, Florida <del>33618</del>		
т	LEROY A. MCCLOUD		2844 S	2844 Skimmer Point Drive		Gulfport, Florida 33707		
s	LARRY J	. NEWSOME	6307 P	6307 Pasadena Point Blvd.		Gulfport, Florida 33707		
D	PAUL E.	MCRAE	1320 C	1320 Coral Way South		Saint Petersburg, Florida 33705		
D	HENRY E. COTMAN			205 Aranda Street NE		Saint Petersburg, Florida 33704		
D	GERALD BELL		8937 M	8937 Magnolia Chase Circle		Tampa Florida 33647		

10. 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 filling 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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 2, 2009 813-971-1548

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Daytime Phone #