

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN 16 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000000897

1. Corporation Name

GULLIVER SCHOOLS, INC.

2. Principal Office Address

c/o Jeffrey S. Bartel
200 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite #4000

City & State

Miami, FL 33131-2398

Zip

33131-2398

Country

U.S.A.

3. Mailing Office Address

c/o Jeffrey S. Bartel
200 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite #4000

City & State

Miami, FL 33131-2398

Zip

33131-2398

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
65-0900712

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2525

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Corporation Service Company

Signature of

Registered Agent by:

REGISTERED AGENT MUST SIGN

Date

1-16-02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST/	BARTEL, JEFFREY S.	200 S. Biscayne Blvd. #4000	Miami, FL 33131-2398
D	GERRITS, MICHAEL	3550 Biscayne Blvd. #401	Miami, FL 33137
D	GILMAN, MILES E.	2601 S. Bayshore Drive #500	Coconut Grove, FL 33133

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 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)(i), 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

Jeffrey S. Bartel, Pres. and Director

Date

Daytime Phone #

1/9/02

(305) 577-7093

CR2E081 (9/01)