

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 10 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N99000000897

1. Corporation Name

Gulliver Schools, Inc.

2. Principal Office Address

1500 San Remo Ave PH 400

3. Mailing Office Address

Same as principal

Suite, Apt. #, etc.

PH 400

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Zip

33146

Country

USA

Zip

Country

000041324959

09/24/04--01064--004 **297.50

REINSTATEMENT 03-04

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

5. FEI Number

650900717

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

Abigail Watts-FitzGerald c/o Hunton & Williams

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

1111 Brickell Avenue

Suite, Apt. #, Etc.

2500

City

Miami

State

FL

Zip Code

33131

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.

Signature of
Registered Agent

Abigail Watts-FitzGerald

Date

8/23/04

REGISTERED AGENT MUST SIGN

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	Jeffrey S. Bartel	1500 San Remo Avenue PH 400	Coral Gables, FL 33146
D	Michael Gerrits	1500 San Remo Avenue PH 400	Coral Gables, FL 33146
D	Miles Gilman	1500 San Remo Avenue PH 400	Coral Gables, FL 33146
D	Samuel Getz	1500 San Remo Avenue PH 400	Coral Gables, FL 33146
D	Dr. Roy Nirschel	1500 San Remo Avenue PH 400	Coral Gables, FL 33146
D & D	William Kerdyk	1500 San Remo Avenue PH 400	Coral Gables, FL 33146
	Abigail Watts-FitzGerald	1500 San Remo Avenue PH 400	Coral Gables, FL 33146

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:

Abigail Watts-FitzGerald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/04 305-810-2513

Date

Daytime Phone #

CR2E081 (01/04)