

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT -7 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000027852**

**1. Corporation Name**

Educational Performance Systems, Inc.

**2. Principal Office Address**

1832 Moss Creek Drive

**3. Mailing Office Address**

P. O. Box 8159

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orange Park, FL

City & State

Fleming Island, FL

Zip

32003

Country

USA

Zip

32006

Country

USA

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

3/13/2000

**5. FEI Number**

59-3645131

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

03

900023622199

10/07/03--01066--022 \*\*750.00

**7. Name and Address of Current Registered Agent**

Name

Melanie Ingraham

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

804 S Edenbridge Way

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32092

**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

*Melanie Ingraham*

REGISTERED AGENT MUST SIGN

Date 10/1/2003

**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
P	Melanie Ingraham	804 S Edenbridge Way	St. Augustine, FL 32092
VP	Brad Ingraham	804 S Edenbridge Way	St. Augustine, FL 32092
VP	Marcy Newsome	805 E Marks Street	Orlando, FL 32803
VP	Jan Wall	720 Wandering Lane	St. Augustine, FL 32080
S	Tracy C. Whiteley	1832 Moss Creek Drive	Orange Park, FL 32003

**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:

*Tracy C. Whiteley*

Tracy C. Whiteley, Secretary 10/1/2003 904-219-9853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

9/10/03