


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC -4 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000062762 1. Entity Name AN ESTEEM VOCATIONAL TRAINING SCHOOL INCORPORATED					
Principal Place of Business 1160 520 S. DIXIE HIGHWAY B HALLANDALE BEACH, FL 33009			Mailing Address 7160 520 S. DIXIE HIGHWAY B HALLANDALE BEACH, FL 33009		
2. Principal Place of Business 7160 Suite, Apt. #, etc.		3. Mailing Address 7160 Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0320565	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INWANG, JOSEPH P 3100 DIANA ROAD SUITE 103 TALLAHASSEE, FL 32304				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <i>Joseph Inwang</i> 12/4/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P INWANG, EMMANUEL 400 SOUTH DIXIE HIGHWAY SUITE 1 HALLANDALE, FL 33009	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph Inwang 3100 Dian Rd Suite 102 Tallahassee, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOE TISSING, GEORGE RN MPH 400 SOUTH DIXIE HIGHWAY SUITE 1 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTO ELUMOGO, HENRY BS/MS 400 SOUTH DIXIE HIGHWAY SUITE 1 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Glory Inwang R.N. 3100 Dian Rd Suite 102 Tallahassee FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO PATRICK, GLOVE RN/BS 400 SOUTH DIXIE HIGHWAY SUITE 1 HALLANDALE, FL 33009	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SMITH, ERNEST CPA 1327 COLORADO STREET TALLAHASSEE, FL 32304	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400082265794 12/05/06--01001--003 ***396.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC TBA 400 S. DIXIE HIGHWAY SUITE 1 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <i>Joseph Inwang</i> 12/4/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					