

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000093409

1. Corporation Name

EDUCATION SERVICES & MANAGEMENT, INC.

Principal Place of Business

5705 LANTANA RD
LAKE WORTH FL

Mailing Address

5705 LANTANA RD
LAKE WORTH FL

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/02/2000

5. FEI Number

651060366

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MERCED, JESSIE	3 ABBEY COURT	GREENACRES FL 33463
VP	GONZALEZ, CARLOS	5048 LANTANA ROAD # 5101	LAKE WORTH, FL 33463
P	MERCED, JESSIE	5048 LANTANA ROAD # 5101	LAKE WORTH, FL 33463
			700005064777--8 -03/07/02--01061--012 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

MERCED, JESSIE
3 ABBEY COURT
GREENACRES FL 33463

9. Name and Address of New Registered Agent

Name

MERCED, JESSIE

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

5048 LANTANA ROAD

Suite, Apt. #, Etc.

5101

City

LAKE WORTH

State

FL

Zip Code

33463

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Jessie Merced

REGISTERED AGENT MUST SIGN

Date

10/12/01

11. 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:

Jessie Merced

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/12/01

Daytime Phone #

CR2040 (8/01)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
02 FEB 26 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 95000086310

1. Corporation Name

Gill Trucking, Inc.

2. Principal Office Address

560 Maige Rd

Suite, Apt. #, etc.

3. Mailing Office Address

SLA #2

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

SLA #2

Zip

32310

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/19/98 5/12/98

5. FEI Number

59-3356217

☒ 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

Jonathan H. Gill

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

560 Maige Rd

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32310

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

Jonathan H. Gill

REGISTERED AGENT MUST SIGN

Date 2-17-02

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
P	<u>Jeffrey L. Gill</u>	<u>560 Maige Rd</u>	<u>Tallahassee, FL 32310</u>
VIT	<u>Jonathan H. Gill</u>	<u>557 Maige Rd</u>	<u>Tallahassee, FL 32310</u>
T	<u>Hansel Hal Gill</u>	<u>2610 Hastings Dr</u>	<u>Tallahassee FL 32310</u>

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:

Jonathan H. Gill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan H. Gill 2-17-02

Date

580-3009

Daytime Phone #

97-02

REINSTATEMENT

CR2E081 (9/01)