
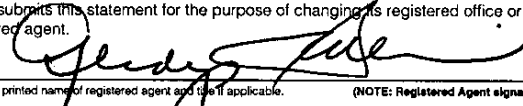
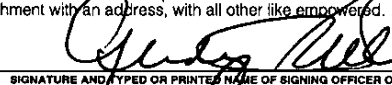


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000100965			
1. Entity Name EMERALD COAST DRIVING IMPROVEMENT SCHOOL, INC.			
Principal Place of Business 1270 N EGLIN PKWY C-10 SHALIMAR, FL 32579		Mailing Address POST OFFICE BOX 5526 DESTIN, FL 32540-5526	
2. Principal Place of Business 3779 MISTY WAY Suite, Apt. #, etc.		3. Mailing Address PO Box 434 Suite, Apt. #, etc.	
City & State Destin FL		City & State Destin FL	
Zip 32511	Country USA	Zip 32540-0434	Country USA
6. Name and Address of Current Registered Agent SULLIVAN, GLADYS 1270 N. EGLIN PARKWAY SUITE C-10 SHALIMAR, FL 32579		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  GLADYS SULLIVAN 9/29/05 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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	CEOP SULLIVAN, GLADYS 3779 MISTY WAY DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200060186812 10/03/05--01057--005 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SULLIVAN, GLADYS 3779 MISTY WAY DESTIN, FL 32541 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Roberts OCT 3 2005 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input 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 exemption stated in Section 119.07(3)(i), 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:  GLADYS SULLIVAN 9/29/05		Date Daytime Phone #	

FILED  
05 OCT -3 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09302005 REIN-P CR2E098 (6/04)

4. FEI Number  
59-3683507  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FL Zip Code

REINSTATEMENT ☐ Change ☐ Addition

T. Roberts OCT 3 2005 ☐ Change ☐ Addition

☐ Change ☐ Addition

(810) 654-5894