

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 10 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P 01000 101 810*

1. Corporation Name

Magellan Educational Services, Inc.

2. Principal Office Address

10550 Deerwood Park Blvd

Suite, Apt. #, etc.

704

City & State

Jacksonville, FL

Zip

32256

Country

USA

3. Mailing Office Address

PO Box 551509

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32255

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/01

5. FEI Number

59-3757355

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

Howard J. Smith

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

8810 Goodby's Executive Drive

100024528931

*11/10/03--01007--015 **750.00*

Suite, Apt. #, Etc.

Suite C

City

Jacksonville

State

FL

Zip Code

32217

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

Howard J. Smith

REGISTERED AGENT MUST SIGN

Date *11/5/03*

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
<i>P</i>	<i>Lorrie J. Blitch</i>	<i>8386 Baymeadows Rd.</i>	<i>Jacksonville, FL 32256</i>
<i>S/T</i>	<i>Thomas A. Blitch</i>	<i>8386 Baymeadows Rd.</i>	<i>Jacksonville, FL 32256</i>

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:

Thomas A. Blitch

Thomas A. Blitch

11/3/03

904-493-0017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #