

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 NOV 12 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

ENGINEERING SUPPORT  
PROJECT, INC.

002000001007

2. Principal Office Address

4208 LANCASTIRE LN.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip

32812

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1/02/02

5. FEI Number

03-0377291

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required  
for a Certificate of Status

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

Name

KIMBERLY J. TERRILL

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

4208 LANCASTIRE LANE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32812

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

*Kimberly J. Terrill*

Date 11-09-04

REGISTERED AGENT MUST SIGN

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
CEO	KIMBERLY J. TERRILL	4208 LANCASTIRE LN. (B)	ORLANDO, FL 32812
VP	DONALD F. KRZEMINSKI	4208 LANCASTIRE LN. (7)	ORLANDO, FL 32812

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)(f), 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:

KIMBERLY J. TERRILL

*Kimberly J. Terrill*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-04

Date

407-896-1285

Daytime Phone #