


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. PO2000001007

2. Principal Office Address 4208 LANCASTERE LN. Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State	
Zip 32812	Country USA	Zip	Country

REINSTATEMENT 04/11/23

4. Date Incorporated or Qualified To Do Business in Florida 1/02/02	Applied For Not Applicable
5. FEI Number 03-0377291	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 LANCASTERE 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 LANCASTERE LN. (B)	ORLANDO, FL 32812
VP	DONALD F. KRZEMINSKI	4208 LANCASTERE LN. (7)	ORLANDO, FL 32812

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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 10-20-04 407-896-1285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #