2005 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE: KIMBERLY J. TERRILL KIMBERLY SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P02000001007 1. Entity Name ENGINEERING SUPPORT PROJECT, INC.						FILED 05 OCT 10 AM 8: 40					
Principal Place of Business Mailing Address											
4208 LANCASHIRE LANE ORLANDO, FL 32812		4208 LANCASHIRE LANE ORLANDO, FL 32812				ı k on iyası ili	ORGANIS PALLANAS PORTE URB DEM ERRO			IMWI IE IMWI	
2. Principal P	ace of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	10072005	REIN-P	CR2E0	98 (6/04)		
City & State		City & State				4. FEI Numbe 03-037				plied For t Applicable	
Zip	Country	y Zip Co		try		5. Certificate	of Status Desired	\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
					Name						
TERRILL, KIMBERLY J 4208 LANCASHIRE LANE ORLANDO, FL 32812				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 KIMBERLY T. TERRILL (NOTE: Registered Agent elgrature reprinted how reinstating) DATE On The Professor of Agent and the if epplicable. (NOTE: Registered Agent elgrature reprinted the reinstating)											
PILE NOWIII FEE IS \$750.00											
After January 1, 2006, Fee will be \$900.00											
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11	
TITLE	CEO	☐ Delete	TITLE	·					Change	☐ Addition	
NAME Street adoress	TERRILL, KIMBERLY J 4208 LANCASHIRE LANE		NAM	1		30)DOSO4	1575	583		
CITY-ST-ZIP	ORLANDO, FL 32812			ET ADDRESS -ST-ZIP		10/10	000 60 4 /0501079	003	**758	3.75	
TITLE			TITLE		KRZEMINGKI, DONALD F.					☐ Addition	
NAME Street address	KRZMINSKI, DONALD F 4208 LANCASHIRE LANE		NAM	ET ADDRESS	KK	AZEMINOHI, DENHOD K					
CITY-ST-ZIP	ORLANDO, FL 32812			-ST-ZIP						j	
TITLE NAME		☐ Delete	TITLE	:				_	☐ Change	Addition	
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CITY-ST-ZIP			•	-ST-ZIP		7				ĺ	
TITLE		Delete	TITLE		<u> </u>				Change	☐ Addition	
NAME .		CT DOOR	NAM	1					ு வக்க		
STREET ADDRESS	1		STRE	ET ADDRESS						ļ	
CITY-ST-ZIP			CITY	-ST-ZIP			•				
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.											