


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000001007 1. Entity Name ENGINEERING SUPPORT PROJECT, INC.						FILED 05 OCT 10 AM 8:40 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4208 LANCASHIRE LANE ORLANDO, FL 32812		Mailing Address 4208 LANCASHIRE LANE ORLANDO, FL 32812					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 03-0377291		Applied For Not Applicable	
Zip		Country		Zip		Country	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				10072005 REIN-P CR2E098 (6/04)			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
TERRILL, KIMBERLY J 4208 LANCASHIRE LANE ORLANDO, FL 32812				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 <u>KIMBERLY J. TERRILL</u>		<i>Kimberly J. Terrill</i>			10-7-05		
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>			<small>DATE</small>		
FILE NOW!!! FEE IS \$750.00							
After January 1, 2006, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO TERRILL, KIMBERLY J 4208 LANCASHIRE LANE ORLANDO, FL 32812 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300060457583 10/10/05--01079--003 **758.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRZMINSKI, DONALD F 4208 LANCASHIRE LANE ORLANDO, FL 32812 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	KRZEMINŃKI, DONALD F. <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	<i>KT 10/12</i> <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	<i>KT 10/12</i> <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: <u>KIMBERLY J. TERRILL</u>				<i>Kimberly J. Terrill</i>		10-7-05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>	
						407-896-1901	