

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 29 AM 8:00

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07/29/04--01042--015 **1500.00

DOCUMENT # P99000054148

1. Corporation Name

Education Enhancement
Consultants, Inc.

2. Principal Office Address

750 S Orange Blossom Tr.

Suite, Apt. #, etc.

224

City & State

Orlando FL 32805

Zip

32805

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 00-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/14/99

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

MRB

7. Name and Address of Current Registered Agent

Name

Melissa Marsh

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

750 S Orange Blossom Tr.

Suite, Apt. #, Etc.

224

City

Orlando

State

FL

Zip Code

32805

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

Melissa Marsh

Date

7/26/04

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
Pres	Melissa Marsh	750 S Orange Blossom Tr.	Orlando FL 32805

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:

Melissa Marsh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/26/04 4078352109

Daytime Phone #

CR2E081 (01/04)