



ATTACHMENT

40035131

#F05000006877  
Division of Corporations

www. .org

### 2006 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	F05000006877
Business Entity Name	EDUCATIONAL SERVICES CENTER, INC.
Original File Date	11/22/2005

FEI Number

Principal Address 2 LOUIS AVE  
MONSEY, NY 10952

Mailing Address 2 LOUIS AVE  
MONSEY, NY 10952

Registered Agent MARTIN RAIFSON  
8232 PLAYA DEL SUR BLVD  
LAKE WORTH, FL 33467 US

#### Officer/Director Name And Address

D  
ABRAHAM FRANKEL  
2 LOUIS AVE  
MONSEY, NY 10952


D  
IRENE GEE  
2 LOUIS AVE  
MONSEY, NY 10952

PS  
MARCIA FRANKEL  
2 LOUIS AVE  
MONSEY, NY 10952

VPT  
EMANUEL FRANKEL  
2 LOUIS AVE  
MONSEY, NY 10952

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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40035131

**DOCUMENT #**

1. Corporation Name *Educational Services Center*

2. Principal Office Address <i>2 Louis Avenue</i> <small>Suite, Apt. #, etc.</small>	3. Mailing Office Address <i>2 Louis Avenue</i> <small>Suite, Apt. #, etc.</small>
City & State <i>Monsey, NY</i>	City & State <i>Monsey NY</i>
Zip Country <i>10952 USA</i>	Zip Country <i>10952 USA</i>

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida <i>3-5-06</i>	
5. FEI Number <i>13-3465691 1</i>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

Name <i>Martin Rafson</i>	
Street Address (P.O. Box Number, Not Acceptable) <i>8232 Playa Del Sur Boulevard</i>	
Suite, Apt. #, Etc.	
City <i>Lake Worth</i>	State Zip Code <b>FL</b> <i>33467</i>

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 \_\_\_\_\_ Date \_\_\_\_\_

**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
Dir.	<i>Abraham Frankel</i>	<i>2 Louis Avenue</i>	<i>Monsey, NY 10952</i>
Dir.	<i>Irene Bee</i>	<i>2 Louis Avenue</i>	<i>Monsey, NY 10952</i>
PS	<i>Marcia Frankel</i>	<i>2 Louis Avenue</i>	<i>Monsey, NY 10952</i>
VPT	<i>Emanuel Frankel</i>	<i>2 Louis Avenue</i>	<i>Monsey, NY 10952</i>

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 contained in Chapter 119, 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: *Marcia Frankel* *3-16-06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #