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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000068039
 1. Corporation Name
Excellent Service Provider Inc.

2. Principal Office Address <u>1741 Colonial Blvd</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>31430 Philmar Lane</u> Suite, Apt. #, etc.	
City & State <u>Ft. Myers FL</u>		City & State <u>Wesley Chapel FL</u>	
Zip <u>33907</u>	Country <u>USA</u>	Zip <u>33543</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida 6/16/03

5. FEI Number 74-3097257 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name Alicia Simon

Street Address (P.O. Box Number is Not Acceptable)
31430 Philmar Lane

Suite, Apt. #, Etc.

City Wesley Chapel State FL Zip Code 33543

REINSTATEMENT 04-06

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 Alicia Simon Date 7/27/06

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
<u>P</u>	<u>Gerard Simon</u>	<u>31430 Philmar Lane</u>	<u>Wesley Chapel FL 33543</u>
<u>V/T</u>	<u>Alicia Simon</u>	<u>31430 Philmar Lane</u>	<u>Wesley Chapel FL 33543</u>
<u>S</u>	<u>DeOdria Pittifere</u>	<u>2930 Thomas st. #26</u>	<u>Ft. Myers, FL 33916</u>

08/16/06--01048--011 **450.00

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: Alicia Simon Date 7/27/06 Daytime Phone # 239-215-0904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MJM

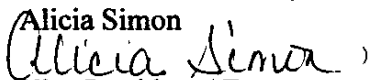
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Excellent Service Provider Inc.
31430 Philmar Lane
Wesley Chapel, FL 33583

To Whom it may concern,

This is a written notice that Excellent Service Provider Inc. did not receive the annual report notices due to a change in the address. If there are any questions or concerns please feel free to call Alicia Simon VP @ 239-275-0904

Thanks For Your Cooperation,

Alicia Simon

Vice President / Treasurer