

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000068039

FILED
Sep 28, 2007
Secretary of State

Entity Name: EXCELLENT SERVICE PROVIDER, INC.

Current Principal Place of Business:

1920 NW 18TH ST.
CAPE CORAL, FL 33993

New Principal Place of Business:

2607 HANSON STREET
STE 2
FORT MYERS, FL 33901

Current Mailing Address:

1920 NW 18TH ST.
CAPE CORAL, FL 33993

New Mailing Address:

2607 HANSON STREET
2
FORT MYERS, FL 33901

FEI Number: 74-3097257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, ALICIA
31430 PHILMAR LANE
WESLEY CHAPEL, FL 33543 US

Name and Address of New Registered Agent:

SIMON, ALICIA
3416 DANDOLO CIRCLE
CAPE CORAL, FL 33909 US

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.

SIGNATURE: ALICIA SIMON

09/28/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIMON, GERARD
Address: 31430 PHILMAR LANE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: VT () Delete
Name: SIMON, ALICIA
Address: 31430 PHILMAR LANE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: S () Delete
Name: PITTIFERE, DEODRIA
Address: 2930 THOMAS ST. #26
City-St-Zip: FT.MYERS, FL 33916

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SIMON, GERARD
Address: 3416 DANDOLO CIRCLE
City-St-Zip: CAPE CORAL, FL 33909

Title: VT (X) Change () Addition
Name: SIMON, ALICIA
Address: 3416 DANDOLO CIRCLE
City-St-Zip: CAPE CORAL, FL 33909

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: ROBERTS-SMTIH, TAMARA
Address: 3502 MALGROTTA
City-St-Zip: CAPE CORAL, FL 33909

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICIA SIMON

VT

09/28/2007

Electronic Signature of Signing Officer or Director

Date