2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000000147

BROWN, EDWARD

2443 NW 179TH STGREET

MIAMI GARDENS, FL 33056

Name:

Address:

City-St-Zip:

FILED Aug 11, 2009 Secretary of State

Entity Na	me: X-SPURT PROVIDER SERVICES,	INC.	
Current P	rincipal Place of Business:	New Principal Place	of Business:
	201 TERRACE FL 33015		
Current N	lailing Address:	New Mailing Address	3:
P.O. BOX HIALEAH,	172706 FL 33017		
	: 65-1035653 FEI Number Applied For (ace with s. 607.193(2)(b), F.S., the corporation of		Certificate of Status Desired ()
Name and	d Address of Current Registered Agen	t: Name and Address o	f New Registered Agent:
6283 NW : HIALEAH,	GTON, LINDA 201 TERRACE FL 33015 US e named entity submits this statement for	the purpose of changing its registered	d office or registered agent, or both.
	e of Florida.	the purpose of changing its registered	d office of registered agent, or both,
SIGNATUI	RE: LINDA WASHINGTON-BROWN		
	Electronic Signature of Registered	d Agent	Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	P () Delete WASHINGTON, LINDA L 6283 NW 201 TERRACE HIALEAH, FL 33015	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S () Delete BELL, LARECHIA 266 N.W. 47 TERRACE DEERFIELD, FL 33442	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	T () Delete WASHINGTON, LARRY R JR 19808 NW 33RD COURT MIAMI, FL 33056	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	VP () Delete	Title:	() Change () Addition

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LINDA WASHINGTON-BROWN P 08/11/2009