## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P02000098246

Entity Name: EXCELSIOR INSURANCE SERVICES INC.

FILED Oct 27, 2008 Secretary of State

Current Pi	incipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	2 AVE, STE 1 RDENS, FL 33				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	2 AVE, STE 1 RDENS, FL 33				
FEI Number:	16-1626981	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
BELLUNE, 20462 NW MIAMI, FL	18 AVE				
The above in the State		submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE: ELIE BEL	LUNE			
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ) BELLUNE, ELIE 18400 NW 2 AV MAIMI GARDEN	'E, STE 12	Title: Name: Address: City-St-Zip:	( ) 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIE BELLUNE P 10/27/2008