

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10/22
FILED
VOID
DEC 13 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000068039

1. Corporation Name

EXCELLENT SERVICE PROVIDER, INC.

100062511921
12/30/05--01052--023 **300.00

2. Principal Office Address

19683 NW 87TH COURT

Suite, Apt. #, etc.

3. Mailing Office Address

19683 NW 87TH COURT

Suite, Apt. #, etc.

City & State

HIALEAH FL

City & State

HIALEAH FL

Zip

33018

Country

USA

Zip

33018

Country

USA

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida

06/16/2003

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

YADIRA SUAREZ

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

Suite, Apt. #, Etc.

19683 NW 87TH COURT

City

HIALEAH

State

FL

Zip Code

33018

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 12/12/05

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
PD	YADIRA SUAREZ	19683 NW 87TH COURT	HIALEAH FL 33018
		Reinstatement filed in error, was intended for a corporation with a similar name. See reinstatement filed 3-24-06, #P02000132407, EXCELLENT MEDICAL SERVS. CORP. -- SPT 3/24/06	

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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/05

Date

Daytime Phone #

005-1-100716113

20f2

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

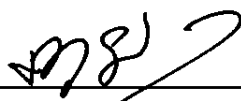
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEARS OF 2004 AND 2005 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



YADIRA SUAREZ
PRESIDENT