


FILED

2006 AUG -1 PM 4: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P03000068039

1. Corporation Name

Excellent Service Provider Inc.

2. Principal Office Address

1741 Colonial Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

31430 Philmar Lane

Suite, Apt. #, etc.

City & State

Ft. Myers FL

City & State

Wesley Chapel FL

Zip

33907

Country

USA

Zip

33543

Country

USA

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/06 239-215-0904

Date

Daytime Phone #

Mju

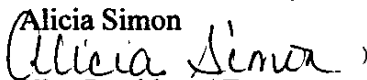
P9282

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