2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000094037

Entity Name: XCLUSIVE DELIVERY SERVICES, CORP.

FILED Feb 16, 2007 Secretary of State

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Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
7817 WEST 36 AVE. APT. 202 HIALEAH, FL 33018				5059 NW 159TH STREET MIAMI GARDENS, FL 33014	
Current M	lailing Addre	ss:	New Mailing Addres	New Mailing Address:	
3492 WEST 84TH STREET BAY #108 HIALEAH, FL 33018				5059 NW 159TH STREET MIAMI GARDENS, FL 33014	
FEI Number:	: 51-0480206	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
7817 WES APT. 202 HIALEAH, The above in the State	FL 33018 US named entity e of Florida.	3	purpose of changing its registere	ed office or registered agent, or both,	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car		93(2)(b), F.S., the corporation did n g Trust Fund Contribution(). CTORS:	·	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (GANDARILLA, 7817 WEST 30 HIALEAH, FL	3 AVE.	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	VD (VALDES, MILE 7817 WEST 30 HIALEAH, FL	3 AVE.	Title: Name: Address: Citv-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: RUBEN GANDARILLA JR. PD 02/16/2007