

**2008 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Sep 30, 2008  
Secretary of State**

DOCUMENT# P04000162930

Entity Name: EXCESS BAGGAGE SERVICES, INC.

**Current Principal Place of Business:**

4005 NW 28 STREET  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

4005 NW 28 STREET  
MIAMI, FL 33176

**New Mailing Address:**

FEI Number: 20-2054338      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARCIA, AMADO  
11060 N. KENDALL DR  
MIAMI, FL 33176 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GARCIA AMADO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ROLLINS, SYLVESTER A  
Address: 4005 NW 28 STREET  
City-St-Zip: MIAMI, FL 33142

Title: DS ( ) Delete  
Name: ROLLINS, ANDREA  
Address: 4005 NW 28 STREET  
City-St-Zip: MIAMI, FL 33142

Title: VP ( ) Delete  
Name: PINDER, DEBORAH  
Address: 11135 SW 138 ST  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: ST. GEORGE, CAIUS  
Address: 4005 NW 28 STREET  
City-St-Zip: MIAMI, FL 33142

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROLLINS SYLVESTER A

PD

09/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date