

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000155810

**FILED**  
**Feb 23, 2009**  
**Secretary of State**

**Entity Name:** STRATEGIC PROCESSING SERVICES, INC

**Current Principal Place of Business:**

4047 OKEECHOBEE BLVD  
SUITE # 208  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

6546 SPRING MEADOW DRIVE  
GREENACRES, FL 33413

**Current Mailing Address:**

4047 OKEECHOBEE BLVD  
SUITE # 208  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

6546 SPRING MEADOW DRIVE  
GREENACRES, FL 33413

**FEI Number:** 20-8064014

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ESTIME, MICHOLEE  
4047 OKEECHOBEE BLVD  
SUITE 208  
WEST PALM BEACH, FL 33409 US

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

ESTIME, MICHOLEE  
6546 SPRING MEADOW DRIVE  
GREENACRES, FL 33413 US

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: MICHOLEE ESTIME

02/23/2009

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: P ( ) Delete  
Name: ESTIME, MICHOLEE  
Address: 4047 OKEECHOBEE BLVD  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: P (X) Change ( ) Addition  
Name: ESTIME, MICHOLEE  
Address: 6546 SPRING MEADOW DRIVE  
City-St-Zip: GREENACRES, FL 33413

Title: VP ( ) Change (X) Addition  
Name: ESTIME, RAMEAU  
Address: 6546 SPRING MEADOW DRIVE  
City-St-Zip: GREENACRES, FL 33413

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: MICHOLEE ESTIME

P

02/23/2009

Electronic Signature of Signing Officer or Director

Date