

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000064855**

1. Corporation Name

EXCELLENT SERVICE PLUS, INC.

Principal Place of Business

Mailing Address

**18495 S DIXIE HWY
MIAMI FL 33157
US**

**18495 S DIXIE HWY
MIAMI FL 33157
US**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0445442

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	BRADLEY, CURTIS	9084 SW 215 TERRACE	MIAMI FL

200002059752-0
-01/16/97--01009--019
******375.00 ****375.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**BRYN, MARK J
444 BRICKELL AVE
SUITE 750
MIAMI FL 33131**

Name **Curtis Bradley**
Street Address (P.O. Box Number is Not Acceptable)
18495 S. Dixie Hwy
Suite, Apt. #, Etc.
City **Miami** State **FL** Zip Code **33157**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **12/31/96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on Intangible tax.)

12. 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

Date **12/31/96** Daytime Phone # **305 238-224**

FILED
97 JAN 14 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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CRCE040 (7/96)