

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG -1 AM 8:00

DOCUMENT # P98000006433

1. Corporation Name

EXP PLUS SERVICES CORPORATION

REINSTATEMENT 02-03

2. Principal Office Address

8390 SW KILLIAN DRIVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33156

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

000021985700

08/01/03--01023--005 **917.50

4. Date incorporated or Qualified
To Do Business in Florida

01/21/98

5. FEI Number

65-0807975

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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

7. Name and Address of Current Registered Agent

Name

SHIRLEY J COOPER

Street Address (P O Box Number is Not Acceptable)

8390 SW KILLIAN DRIVE

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code
33156

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

Shirley J. Cooper - SHIRLEY J. COOPER
REGISTERED AGENT MUST SIGN

Date

7/30/03

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SHIRLEY J COOPER	8390 SW KILLIAN DRIVE	MIAMI, FL 33156

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 under section 119.07(3)(i), F.S. The information indicated in this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Shirley J. Cooper - SHIRLEY J. COOPER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/03
Date

305-233-4488

Daytime Phone #