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 DEC 12 AM 9:45

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P01000086599

1. Corporation Name
 Excess Benefits, Inc.

2. Principal Office Address 709 First Avenue Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 3306 Suite, Apt. #, etc.	
City & State Welaka, FL		City & State Gainesville, GA	
Zip 32193	Country US	Zip 30503	Country US

4. Date Incorporated or Qualified To Do Business in Florida 08/31/01

5. FEI Number 58-1897502
 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
C. Graham Carothers, Esquire

Street Address (P.O. Box Number is Not Acceptable)
101 E. Kennedy Boulevard
Suite, Apt. #, Etc.
Suite 2800

City
Tampa

State
FL

Zip Code
33602

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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 _____ Date _____

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T/D	Alph H. Browne	709 First Avenue	Welaka, FL 32193
S/D	Diana D. Browne	709 First Avenue	Welaka, FL 32193
AT	Pam Porter	709 First Avenue	Welaka, FL 32193

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Alph H. Browne, President

12 / 02
 Date Daytime Phone #

Alph H. Browne, President

CR2E081 (9/01)

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