
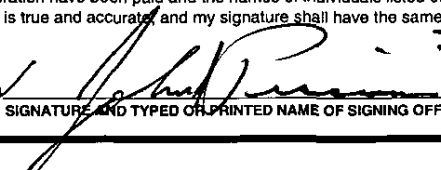


P3182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J83837					
1. Corporation Name EXCEL CAPITAL GROUP CORP. 4710 STONEPOINTE PLACE 4710 STONEPOINTE PLACE					
2. Principal Office Address 4710 STONEPOINTE PLACE Suite, Apt. #, etc.			3. Mailing Office Address 4710 STONEPOINTE PLACE Suite, Apt. #, etc.		
City & State TAMPA, FL			City & State TAMPA, FL		
Zip 33634	Country	Zip 33634	Country	4. Date Incorporated or Qualified To Do Business in Florida 07/20/1987	
				5. FEI Number 59-3234498	Applied For Not Applicable
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name JOHN A. PICCIANO					
Street Address (P.O. Box Number is Not Acceptable) 4710 STONEPOINTE PLACE					
Suite, Apt. #, Etc.					
City TAMPA				State FL	Zip Code 33634
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	
PSTD	JOHN A. PICCIANO	4710 STONEPOINTE PLACE		TAMPA, FL 33634	
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:  JOHN A. PICCIANO PRES 8-12-04 813-884-8600 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E081 (01/04)

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GEORGE S. CHAGARIS
CERTIFIED PUBLIC ACCOUNTANT

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Professional Association

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August 11, 2004

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Waiver of reinstatement fee for Excel Capital Group Corp., Doc. No. J83837

Ladies and Gentlemen:

My client, Excel Capital Group Corp., Doc. No. J83837, has requested that I prepare a "Corporation Reinstatement" form for the entity. Based on their records, the corporation did not receive the notices or renewal form in 1995 or any subsequent years.

Enclosed please find a check for \$1,623.75 for the unpaid filing fees and certificate of status. We respectfully request that you waive the reinstatement fee and accept Corporation's check for the amount listed above.

Please call me if you have any questions regarding this matter.

Sincerely,

George S. Chagaris, C.P.A.