

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 25 PM 4:05

CORPORATION
RESTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000005176

1. Corporation Name

Excell Communications, Inc.

2. Principal Office Address

6247 Amber Hills Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Trussville, AL

City & State

Zip

35173

Country

Jefferson

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9-14-2000

5. FEI Number

63-1213973

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

507.0605 or 617.0603, F.S.

7. Name and Address of Current Registered Agent

Name

Corporate Access, Inc.

Street Address (P.O. Box Number is Not Acceptable)

236 East 6th Ave

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of
Registered Agent

Danny Bennett
REGISTERED AGENT MUST SIGN

Date

10/18/01

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
Pres.	Robert S. White	6247 Amber Hills Rd.	Trussville, AL 35173
V. Pres.	Thomas D. Enzor	6247 Amber Hills Rd.	Trussville, AL 35173
Treas.	Linda K. White	6247 Amber Hills Rd.	Trussville, AL 35173
Dir. of Fin.	Stephen J. White	6247 Amber Hills Rd.	Trussville, AL 35173
			SP

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:

Stephen J. White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director of Finance

10/17/01 (205) 835-0196

Date

Daytime Phone

202



Thursday, October 25, 2001

Florida Department of State
Reinstatement Section,

If at all possible, please waive the reinstatement fee of \$600.00. We have relocated our Alabama offices and failed to receive the notices.

Sincerely,

Director of Finance
Excell Communications Inc.