

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB -9 AM 11:04

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

900143179539
02/09/09--01047--025 **1050.00

DOCUMENT # F93000004806

1. Corporation Name

Excell Sales, Inc.

REINSTATEMENT 03-09

CR2E081 (12/08)

CC 2/12

2. Principal Office Address - No P.O. Box #

125 Lorraine Parkway

Suite, Apt. #, etc.

3. Mailing Office Address

125 Lorraine Parkway

Suite, Apt. #, etc.

City & State

Woodstock, GA

City & State

Woodstock, GA

Zip

30188

Country

USA

Zip

30188

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

1993

**5. FEI Number
58-1386062**

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

Robert M. Brown

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

709 E. Melbourne Avenue

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32901

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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**

Robert M. Brown

REGISTERED AGENT MUST SIGN

Date 1-27-09

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
C	Harry V. Kirk	125 Lorraine Parkway	Woodstock, GA 30188
P/T/S	Ricky A. Marshall	125 Lorraine Parkway	Woodstock, GA 30188
V/D	Andrea K. Blaesing	125 Lorraine Parkway	Woodstock, GA 30188

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 contained in Chapter 119, 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:

Ricky Marshall

President

1-30-09

770-427-4203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #