L01000004305

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

RECEIVED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 MAR 12 PM 1:13

LC 03/24/04

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000004305

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03/12/04--01055--004 **205.00

1. Limited Liability Company's Name: EXCEL MANAGEMENT COMPANY, LLC
1357 SEMINOLE DRIVE
FT. LAUDERDALE, FLORIDA 33304

^ NEW ^ ADDRESS

2. Principal Office Address		3. Mailing Office Address	
ABOVE		ABOVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: FT. LAUDERDALE, FL		City & State: FT. LAUDERDALE FL.	
Zip: 33304	Country: USA	Zip: 33304	Country: USA

4. State/Country of Formation: FLORIDA, USA

5. Date Organized or Qualified To Do Business In Florida: MARCH 20, 2001

6. FEI Number: 65-1084697 — Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: ALLEN SINGER

Street Address (P.O. Box Number is Not Acceptable): 1357 SEMINOLE DR

Suite, Apt. #, Etc.:

City: FT. LAUDERDALE — State: FL — Zip Code: 33304

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Allen Singer — Date: 3/8/04

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ALLEN SINGER	1357 SEMINOLE DR	FT. LAUD, FL. 33304
MGRM	ELAINE SINGER	1357 SEMINOLE DR	FT. LAUD, FL. 33304
		2003-	
	REINSTATEMENT	2004	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: Allen Singer — Date: 3/8/04 — Daytime Phone #: 954 565-8867

Typed or printed name of signing Managing Member/Manager: ALLEN SINGER