

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # L04263

1. Corporation Name

EXCALIBUR MANUFACTURING CORPORATION

Principal Place of Business

Mailing Address

C/O DOUGLAS NOEL SCHNEIDER  
16186 FLIGHT PATH DRIVE  
BROOKSVILLE FL 34609

C/O DOUGLAS NOEL SCHNEIDER  
16186 FLIGHT PATH DRIVE  
BROOKSVILLE FL 34609

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

07/21/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2967808

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	SCHNEIDER, DOUGLAS NOEL	16186 FLIGHT PATH DRIVE	BROOKSVILLE FL
ST	THOMAS, WADE FRAZIER	16186 FLIGHT PATH DRIVE	BROOKSVILLE FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHNEIDER, DOUGLAS NOEL  
16186 FLIGHT PATH DRIVE  
BROOKSVILLE FL 34609

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-18-01

11. 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:

SIGNATURE REQUIRED  
Douglas N. Schneider  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

544-0655

352-7500