

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


**FILED**

15 DEC 29 AM 0:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

**CORPORATION REINSTATEMENT**  
2013-2015



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N03000000534**

1. Corporation Name  
**EXCEL COMMUNITY DEVELOPMENT CORP.**

2. Principal Office Address - No P.O. Box # <b>1508 W. LARUA ST.</b>		3. Mailing Office Address <b>3001 Highpoint PL</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>PENSACOLA, FL</b>		City & State <b>PENSACOLA, FL</b>	
Zip <b>32501</b>	Country <b>USA</b>	Zip <b>32505</b>	Country <b>USA</b>

4. Date Incorporated or Qualified To Do Business in Florida  
**1/15/2003**

5. FEI Number  
**14-1905969**

6. CERTIFICATE OF STATUS DESIRED **yes** \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**Dr. JANICE CRENSHAW**

Street Address (P.O. Box Number is Not Acceptable)  
**3001 Highpoint PL**

Suite, Apt. #, Etc.

City  
**PENSACOLA**

State  
**FL**

Zip Code  
**32505**

**300280452403**  
12/23/15--01022--009 \*\*358.75

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 **Dr. Janice Crenshaw** Date **6/27/15**

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
<b>P.</b>	<b>JANICE CRENSHAW (P)</b>	<b>3001 Highpoint PL</b>	<b>PENSACOLA, FL 32505</b>
<b>VP</b>	<b>JOHN CRENSHAW (VP)</b>	<b>3001 Highpoint PL</b>	<b>PENSACOLA, FL 32505</b>
<b>D</b>	<b>SHAKENA DAY (S)</b>	<b>695 VIRGINIA HIGHLAND</b>	<b>FAYETTEVILLE, GA 30215</b>

10. E-mail Address: **JANICE\_CRENSHAW@yahoo.com**  
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as, if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: **Dr. Janice Crenshaw** Date **6/27/15** 850-525-6258  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

K. ASHTON