

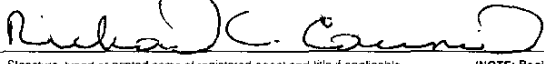
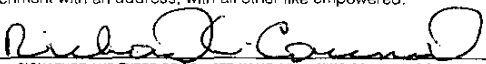


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N05000005501</b> 1. Entity Name <b>EXCEL OUTREACH MINISTRIES, INC.</b>						FILED 06 NOV -7 11 4:47 SEC. FALL 2006	
Principal Place of Business <b>2925 TITAN LANE NAPLES, FL 34116</b>				Mailing Address <b>2925 TITAN LANE NAPLES, FL 34116</b>			
2. Principal Place of Business		3. Mailing Address		 <b>REINSTATEMENT 2006</b> REIN-NA CORP 2006 (11/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FFI Number <b>01-0834851</b>				Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>COUNCIL, RICHARD L 2201 45TH ST. SW NAPLES, FL 34116</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>10-18-06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2007, Fee will be \$297.50</b>				Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COUNCIL, RICHARD L 2201 45TH ST. SW NAPLES, FL 34116</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200081555492</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>11/07/06--01003--001 **8.75</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COUNCIL, ELLA 2201 45TH ST. SW NAPLES, FL 34116</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200081555492</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>11/07/06--01003--002 **236.25</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SCOTT, CYNTHIA 2973 47TH 2975 47TH ST. SW NAPLES, FL 34116</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GLORIA ALLEN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1091 27TH STREET S.W. NAPLES, FL. 34117</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JENNINGS, RANDY 2780 STORTER AVE. NAPLES, FL 34112</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SCOTT, WALTER 2973 47TH 2975 47TH ST. SW NAPLES, FL 34116</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OMAR BAKER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1787 REUVEN CIRCLE UNIT #1 NAPLES, FL 34112</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>10-18-06</b> (239)253-3904 <small>Daytime Phone #</small>			
<b>RICHARD L. COUNCIL</b>							