

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY 21 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N44627**

1. Corporation Name

EXCEL FOUNDATION, INC.

Principal Place of Business

P O BOX 280414
TAMPA FL 33682

Mailing Address

P O BOX 280414
TAMPA FL 33682

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

08/12/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3085173

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	SCHWARTZ, JANINE	4145 SALTWATER BLVD	TAMPA FL 33615
D	SCHWARTZ, MIKE	4145 SALTWATER BLVD	TAMPA FL 33615
VP	NORIEGA, PENNY	16712 SHEFFIELD PARK	TAMPA FL 33549
			000002544450--6 -06/02/98--01063--020 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

NORIEGA, PENNY
16712 SHEFFIELD PK
LUTZ FL 33549

9. Name and Address of New Registered Agent

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

Penny P Noriega
REGISTERED AGENT MUST SIGN

Date

5/10/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on Intangible tax.)

12. 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Penny P Noriega

Date

5/10/98

Daytime Phone #

(813) 949-0707

CR2040 (8/97)