

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 18 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000004535**

1. Corporation Name

Excel USA, Inc.

MAD

2. Principal Office Address

7217 East Colonial Dr

Suite, Apt. #, etc.

111

City & State

Orlando, Florida

Zip

32807

Country

Orange

3. Mailing Office Address

P. O. Box 678507

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32867

Country

Orange

100025170591
12/03/03--01004--007 **307.00
REINSTATEMENT 1999-2003

4. Date Incorporated or Qualified
To Do Business in Florida

August 10, 1998

5. FEI Number

52-2416317

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Heriberto Marte

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

7217 East Colonial Dr,

Suite, Apt. #, Etc.

Suite 111

City

Orlando

State
FL

Zip Code
32807

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

REGISTERED AGENT MUST SIGN

Date **Nov 26, 2003**

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
Pres	Heriberto Marte	7217 East Colonial Dr, Suite 111	Orlando, FL 32807
Vice	Gerardo Di Loreto	3939 Egrets Landing	Lake Mary, 32746
Sec.	Alta Navarro	2230 Stonington Ave	Orlando, FL 32817

10. 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:

HERIBERTO MARTE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV 26/03 (407) 950-3172
Date Daytime Phone #

CR2E081 (10/02)