

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 JUN -4 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000076013**

**1. Corporation Name**

Excel Land & Marine Const. Inc.

700037666187  
06/04/04--01033--026 \*\*1050.00

**REINSTATEMENT** 02-04-  
TL

**2. Principal Office Address**

8824 Hwy 11

Suite, Apt. #, etc.

City & State

Bunnell, Fl

Zip

32110

Country

USA

**3. Mailing Office Address**

8824 Hwy 11

Suite, Apt. #, etc.

City & State

Bunnell, Fl.

Zip

32110

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

July 30, 2001

**5. FEI Number**

36-4450789

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

James J. Bonilla

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

8824 Hwy 11

Suite, Apt. #, Etc.

City

Bunnell

State  
**FL**

Zip Code  
32110

**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

*James J. Bonilla*  
REGISTERED AGENT MUST SIGN

Date **May 28, 2004**

**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
Owner	James J. Bonilla	8824 Hwy 11	Bunnell, Fl. 32110

**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:**

*James J. Bonilla*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 28, 2004

Date

(386) 931-2295

Daytime Phone #

CR2E001 (07/04)