

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P01000086599

1. Corporation Name

Excess Benefits, Inc.

2. Principal Office Address

709 First Avenue

Suite, Apt. #, etc.

City & State

Welaka, FL

Zip

32193

Country

US

3. Mailing Office Address

P.O. Box 3306

Suite, Apt. #, etc.

City & State

Gainesville, GA

Zip

30503

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

08/31/01

5. FEI Number

58-1897502

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

C. Graham Carothers, Esquire

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

101 E. Kennedy Boulevard

Suite, Apt. #, Etc.

Suite 2800

City

Tampa

State

FL

Zip Code

33602

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

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
P/T/D	Alph H. Browne	709 First Avenue	Welaka, FL 32193
S/D	Diana D. Browne	709 First Avenue	Welaka, FL 32193
AT	Pam Porter	709 First Avenue	Welaka, FL 32193

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/

/02

Date

Daytime Phone #

Alph H. Browne, President

CR2E081 (9/01)