

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 5:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000118188

1. Corporation Name

EXCEL CONSTRUCTION, INC

Principal Place of Business

Mailing Address

107- 7TH STREET
HALLANDALE FL 33009

107- 7TH STREET
HALLANDALE FL 33009



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

12/13/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For
 Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

33009

USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	GODIN, COLETTE	107-7TH STREET	HALLANDALE FL 33009
		218 West Lake dr.	Pembroke Park 33009 FLORIDA

100008778361
11/04/02--01041--014 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GODIN, COLETTE
107-7TH STREET
HALLANDALE FL 33009

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

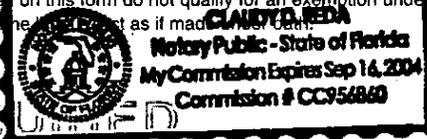
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Colette Godin SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date October 2002

11. 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 effect as if made in person.



SIGNATURE:

Colette Godin SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-29-02 9549833100

CR2E040 (8/02)

Oct 2002

Dear people at
Division of Corporation

I, have not receive, the semi form business
report.

I, have never applied, for a F.E.I number,
anterior to this day.
The reason is my fault, I did not know,

I needed one.

So, today I have, phone the IRS for
a application to filled for my number.
Untel I receive it, the person on the phone
3109422 tell me, to mail you my application
with a 150. Dollars check.

As soon, as I receive my number, I will
mail it to you.

Thank you,

Sincerely

Fel 954 966 1634

Colette Loderi
218 W. Lake Dr.
Pembroke Park
33009
Fla. USA