

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

EXXEL CONSTRUCTION, INC

Principal Place of Business

107- 7TH STREET
HALLANDALE FL 33009

Mailing Address

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

218 W. Lake Dr.
Pembroke Park
FLORIDA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

33009 USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/2001

5. FEI Number

☒ Applied For
☐ Not Applicable

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)

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

GODIN, COLETTE
107-7TH STREET
HALLANDALE FL 33009

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. or 617.0505, F.S.

Signature of
Registered Agent

Colette Godin SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

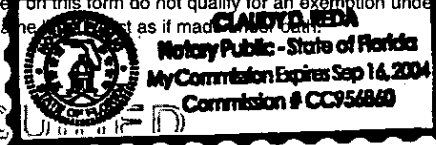
Date October 2002

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 under oath.

SIGNATURE:

Colette Godin SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



10-29-02 9549833100

Date

Daytime Phone #

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 FEI 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

Yel 954 966 1634

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