

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 FEB 13 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000013408

1. Corporation Name

ANS/EXCEL INC.

2. Principal Office Address - No P.O. Box #
819 Sunniland Dr.

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip
32808

Country
Orange

3. Mailing Office Address
819 Sunniland Dr.

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip
32808

Country
Orange

800143589258

02/13/09 - 01/01/10 022 ***458.75

REINSTATEMENT

27-09

4. Date Incorporated or Qualified
To Do Business in Florida **January 29, 2002**

5. FEI Number
90-0009256

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
Jerry Dean Belcher

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

Suite, Apt. #, Etc.

City
Orlando

State Zip Code
FL 32808

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date **February 9, 2009**

REGISTERED AGENT MUST SIGN

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	Jerry Dean Belcher	819 Sunniland Dr.	Orlando, Florida 32808

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 contained in Chapter 119, 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: Jerry Dean Belcher Jerry Dean Belcher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/2009
Date

407-832-5881
Daytime Phone #

2/17/09