

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 28 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000070317

1. Corporation Name

Excel-O Corp Inc.

REINSTATEMENT 03-04

600034376666
04/28/04--01014--012 **900.00

2. Principal Office Address

14320 S.W. 181 Terr

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33177

Country

usa

3. Mailing Office Address

14320 S.W. 181 Terr.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33177

Country

usa

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

06/26/02

5. FEI Number

010663260

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

Neville Gordon

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

19319 S.W. 118 Place

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33177

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

x Neville Gordon

Date 4-21-04

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
P	Jubert G Lowe Jr	14320 S.W. 181 Terr.	Miami, FL 33177
V	Neville Gordon	14320 S.W. 181 Terr.	Miami, FL 33177
D	Felix R De La O	14320 S.W. 181 Terr.	Miami, FL 33177
SV	Hector Frenes	14320 S.W. 181 Terr.	Miami, FL 33177

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: *x J Lowe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04

Date

305 970-2260

Daytime Phone #

CR2E081 (01/04)