

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC - 9 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000107771

1. Corporation Name

THE EXCALIBER INSURANCE AGENCY & SERVICES INC.

Principal Place of Business

123 N. CONGRESS AVE., SUITE 191  
BOYNTON BCH FL 33426

Mailing Address

123 N. CONGRESS AVE., SUITE 191  
BOYNTON BCH FL 33426

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 | 10/04/2002     |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc.                          | 5. FEI Number   | Applied For    |
| City & State                                   | City & State                                 | 68-0526502  | Not Applicable |
| Zip  | Country                                      | Zip   | Country        |

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

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip          |
|----------|-----------------------------------|--|-----------------------------|
| 1        | 2                                 | 3  | 4                           |
| PD       | ABRAHAM, DAYAN                    | 123 N. CONGRESS AVE., SUITE 191                | BOYNTON BCH FL 33426        |
|          |                                   |  | 700025339287                |
|          |                                   |  | 12/09/03-01017-003 **150.00 |
|          |                                   |  |                             |
|          |                                   |  |                             |
|          |                                   |  |                             |
|          |                                   |  |                             |

8. Name and Address of Current Registered Agent

ABRAHAM, DAYAN  
123 N. CONGRESS AVE., SUITE 191  
BOYNTON BCH FL 33426

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City      State      Zip Code  
FL

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

REGISTERED AGENT MUST SIGN

Date 12/1/03

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 legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/03

Date

Daytime Phone #

IRVING N. STRAUS  
ACCOUNTANT

298 HOOPER STREET, BROOKLYN, NEW YORK 11211

FAX (718) 963-0609

(718) 599-2953

December 1, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: The Excaliber Insurance Agency & Services Inc.  
Ein #68-0526502

To Whom It May Concern:

Please be advised that I am the accountant for The Excaliber Insurance Agency & Services Inc.

As per my phone conversation with your office I am herewith enclosing an application for a corporation reinstatement; with a check in the amount of \$150.00 for the reinstatement fee.

Being the fact that this corporation was not active or conducting any business they were not aware of the filing requirements.

Please note that due to a wrong address on your file they did not get any mail or forms. Kindly correct your records and note our correct address 123 N. Congress Ave. #191, Boynton Beach FL 33426.

Considering the above please accept our \$150.00 fee and reinstate the above corporation.

Should you have any questions please feel free to call my office.

Thank you

Sincerely yours,

*Irving N. Straus*

Irving N. Straus  
Accountant