

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 15 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000004296

1. Corporation Name

EXCELON ASSOCIATES, INC.

900166324099
01/15/10--01036--002 **450.00
CR2E081 (11/09)

REINSTATEMENT

08-10

2. Principal Office Address - No P.O. Box #

5300 W. Hillsboro Blvd

Suite, Apt. #, etc.

#224

City & State

Coconut Creek, FL

Zip

33073

Country

USA

3. Mailing Office Address

same as principal office

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date (Month, Day, Year) Qualified
To Do Business in Florida 1/10/2007

5. FEI Number

83-0471041

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

Susan J. Forman

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

5300 W. Hillsboro Blvd

Suite, Apt. #, Etc.

#224

City

Coconut Creek

State

FL

Zip Code

33073

☒ 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 1/12/2010

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	Susan J. Forman	21330 Rockledge Lane	Boca Raton, FL 33428

10. E-mail Address: susan@excelonassociates.com

(To be used for future annual report notification)

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. I further certify, 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:

Susan J. Forman

1/12/2010

954-420-3176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #