

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P09000083904

1. Corporation Name

EXCALIBUR CONTRACTING CORPORATION

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

29 SW Seminole Street

Suite, Apt. #, etc.

City & State

Stuart, FL

Zip

34994

Country

US

3. Mailing Office Address

29 SW Seminole Street

Suite, Apt. #, etc.

City & State

Stuart, FL

Zip

34994

Country

US

CR22081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/09/2009

5. FEI Number

27-1121594

☐ 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

InCorp Services, Inc.

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

17888 67th Court North

Suite, Apt. #, Etc.

City

Loxahatchee

State

FL

Zip Code

33470

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0803, F.S.

Signature of

Registered Agent

12/13/2016

Date

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
D	Robert C Halgas	29 SW Seminole Street	Stuart, FL 34994
P	Robert C Halgas	29 SW Seminole Street	Stuart, FL 34994
S	Robert C Halgas	29 SW Seminole Street	Stuart, FL 34994
T	Robert C Halgas	29 SW Seminole Street	Stuart, FL 34994

10. E-mail Address: compliance@domylle.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Robert C Halgas

12/13/2016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #