


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	<h1 style="font-size: 2em;">FILED</h1> <p>97 FEB 17 AM 9:03</p> <p>SECRETARY OF STATE TALLAHASSEE FLORIDA</p>
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DOCUMENT # P95000011853
 1. Corporation Name
 Excellent Realty Corp.

Principal Place of Business 4013 Mariner Blvd. Spring Hill, FL 34609	Mailing Address same
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96-97 AD

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida	Applied For
5. FEI Number 59-3290969	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

\$8 Fee Addition of Fee to reinstate the Certificate of Status

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Stephen J. Leonard	4013 mariner Blvd.	Spring Hill, FL 34609
			400002090734--7 -02/18/97--01082--009 ****375.00 ****375.00
			400002090734--7 -02/18/97--01082--010 ****165.00 ****165.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Gail L. Leonard 4013 mariner Blvd. Spring Hill, FL 34609	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.

Signature of Registered Agent: Gail Leonard REGISTERED AGENT MUST SIGN Date: 2/1/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: Gail Leonard 2/1/97 352 6880911
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CP-2500 (1/2/95)