

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000029585

1. Corporation Name

EXCEL COMPUTER COMPANY, INC.

Principal Place of Business

1131 7TH AVE
VERO BEACH FL 32960
US

Mailing Address

1131 7TH AVE
VERO BEACH FL 32960
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1130 7th COURT
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1130 7th COURT
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/1996

5. FEI Number

65-0658996

Applied For

Not Applicable

City & State

VERO BEACH FL

City & State

VERO BEACH FL

Zip

32960

Country

USA

Zip

32960

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
P	ANDREWS, JOSEPH T JR	1131 7TH AVE 1130 7 th COURT	VERO BEACH FL 32960
S	ANDREWS, SHEILA	1131 7TH AVE 1130 7 th COURT	VERO BEACH FL 32960

200008633302

10/28/02--01110--024 **750.00

8. Name and Address of Current Registered Agent

SEGAL, BARRY G PA
2801 OCEAN DRIVE
STE 304
VERO BEACH FL 32963

9. Name and Address of New Registered Agent

Name

BARRY G. SEGAL P.A.

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

2801 OCEAN DRIVE

Suite, Apt. #, Etc.

SUITE 204

City

VERO BEACH

State
FL

Zip Code

32963

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/23/02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-23-02 772-562-4456

CR2E040 (8/02)