

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 NOV -7 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000043603**

1. Corporation Name

**EXCEL MOTOR CLUB, INC.**

Principal Place of Business

**3915 BISCAYNE BOULEVARD  
1ST FLOOR  
MIAMI FL 33137**

Mailing Address

**3915 BISCAYNE BOULEVARD  
1ST FLOOR  
MIAMI FL 33137**

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

**05/22/1996**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**65-0666788**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<b>D</b>	<b>ESPIN, ROBERTO JR</b>	<b>3915 BISCAYNE BOULEVARD 1ST FLO</b>	<b>MIAMI FL 33137</b>

**900024517319**  
**11/07/03--01079--009 \*\*150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MURAI, WALD, BIONDO & MORENO, P.A.  
25 S.E. 2ND AVENUE  
SUITE 900  
MIAMI FL 33131**

Name

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

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

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**  
**NO CHANGE**  
**REGISTERED AGENT MUST SIGN**

Date

**10/13/03**

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**  
**JOSE Espin**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/13/03**

Daytime Phone #

**305-573-3115**

CR2E040 (7/03)



**PREMIER UNDERWRITERS, INC.**  
*Insurance Solutions*

10/13/03

Corporation Name: Excel Motor Club  
Document Number: P96000043603

To whom it may concern,

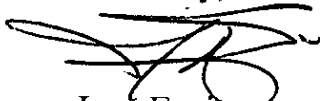
We are in receipt of the 'Notice of Administrative Dissolution or Revocation' form from the Florida Department of State. We respectfully ask the reinstatement fee be waived as our records indicate that our corporation did not receive the two prior uniform business report (UBR) notices.

We would appreciate you sending us the corporation annual report/uniform business report (UBR) to be completed immediately upon receipt.

Enclosed please find the application for reinstatement and payment for the reinstatement fee.

Please do not hesitate to contact me if I may be of any further assistance.

Sincerely,



José Espin