

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

00 DEC 27 AM 9:28

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**

DOCUMENT # P98000012968

1. Corporation Name

EXCELL CONSTRUCTION CORP.

Principal Place of Business

Mailing Address

~~18782 SW 136 ST
 MIAMI FL 33177~~

~~13732 SW 156 ST
 MIAMI FL 33177~~



REINSTATEMENT

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

Suite, Apt. #, etc.
~~15579 Miami Lakeway N #202~~
 City & State
~~Miami Lakes, Fl~~
 Zip
~~33014~~
 Country
~~USA~~

Suite, Apt. #, etc.
 Same
 City & State
~~Miami Lakes, Fl~~
 Zip
~~33014~~
 Country

4. Date Incorporated or Qualified To Do Business in Florida

02/09/1998

5. FEI Number

65-0820714

Applied For

Not Applicable

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
PD	VARELA, JULIO	13732 SW 156 ST	MIAMI FL 33177
		15579 Miami Lakeway N #202	Miami Lakes Fl 33014
SD	VARELA, HILDA	13732 SW 156 ST	MIAMI FL 33177
		15579 Miami Lakeway N #202	Miami Lakes Fl 33014

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~~01/08/01-0102-016~~
******750.00 ****750.00**

8. Name and Address of Current Registered Agent

VARELA, JULIO
~~13732 SW 156 ST~~
~~MIAMI FL 33177~~

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
~~15579 Miami Lakeway N # 202~~
 Suite, Apt. #, Etc.
 City
~~Miami Lakes~~
 State
FL
 Zip Code
~~33014~~

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

REGISTERED AGENT MUST SIGN

Date

11/15/2000

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIO VARELA Julio Varela

Date

Daytime Phone #

CR2E040 (8/00)