## APPLICATION FOR REINSTATEMENT

## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000012968

1. Corporation Name

EXCELL CONSTRUCTION CORP.

Principal Place of Business

Mailing Address

1<del>0702 SW 156 ST -</del> MIAMI-FL 89177 -

SIGNATURE:

13732 SW 156 GF MIAMI FL 33177

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SECRETARY OF STATE TALLAHASSEE. FLORIDA



REINSTATEMENT D

	ddresses are incorrect in any way, line thi							
New Principal Office Address, If Applicable     3. New Mailing Office Address.				s, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 02/09/1998			
Suite, Apt. #, etc.   Suite, Apt. # 15579 Miami Lakeway N-#202 -			يترابيا استستنجيان أروا				Applied For	
City & State City & State					65-0820714		Not Applicable	
Miami Lakes, F1 Miami Zip Country Zip		Lakes F1 Country		- 6.  CERTIFICATE OF STATUS DESIRED   \$8.75 Additional Fee required for a Certificate of Status				
3301		<u> 133014</u>			<u> </u>		ra Certificate of Status	
7. Names a	and Street Addresses of Each Officer and	or Director (Flor	ida nonprofit cor	porations must list at le Street Address of Eac		<u> </u>		
Title(s)	Name of Officers and/or Directors		Officer and/or Director			City / State / Zip		
PD	VARELA, JULIO 13732				MAMIFL 33177 iamiLakeway N #202 Miami Lakes F1 33014			
					<del>a-y- N #-20</del>		S-F1 33014-	
SD	VARELA, HILDA		1 <del>2792 SW 156</del> ST		N # 0	#202 Miami Lakes F1 33014		
			=1-3 <i>3-1-</i> 9=1	nlami-Lake	way N #-4	Dz <u>-Mtanlı Lak</u>	<del>68-61-33414</del>	
						00003529	1202	
						****750.00	1022016 ****750.00	
	8. Name and Address of Current	Registered Age	nt		9. Name and	Address of New Registered A	gent	
	The second section of the second	-		Name	*			
VARELA, JULIO				Street Address (	Street Address (P.O. Box Number is Not Acceptable)			
1 <del>3732 SW 156 ST</del>					Street Address (P.O. Box Number is Not Acceptable)  15579 Miami Lakeway N # 202			
MAM	<del>FL 33177</del>		Suite, Apt. #, Etc					
	<i>7</i> 1.			City Miami	Lakes	State FL	Zip Code 33014	
10. I, being	appointed the registered agers of the all	amed corpo	ration, am familia	ar with and accept the o	obligations of Sect	ion 607.0505, F.S.		
Signature of Registered A	Agent // //	SURE				Date / li/ls/y	<u> </u>	
	RI	GISTERED AGE	ENT MUST SIGN	J			··	
this reins	that I am an officer or director or the rece statement application, the reason for diss the corporation have been paid and the	olution has been	eliminated, the c	orporate name satisfies	s the requirements	of section 607.0401 or 617.04	01, F.S., that all fees	

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