PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

02 AUG 21 PM 12:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

800007310368--3
-08/23/02--01043--009
****300.00 ****300.00

DOCUMENT # P99000046128

1. Corporation Name: Excalibur Capital Investments

01/19/00 90228 036 $150.00

2. Principal Office Address	3. Mailing Office Address
7676 Aralia Way	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Largo	City & State: FL
Zip: 33777 Country: Pinellas	Zip: 33777 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 5-20-99

5. FEI Number: 59-3626830 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required

7. Name and Address of Current Registered Agent

Name: MARQUARDT J. MATTHEW ESQ

Street Address (P.O. Box Number is Not Acceptable): 625 Court St.

Suite, Apt. #, Etc.: 200

City: Clearwater FLA State: FL Zip Code: 33756

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 8-20-02

CR2E061 (8/01)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	Rick McGlone	7676 Aralia Way ~~Largo~~	Largo FL 33777

10. 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] 8-20-02 727-397-2235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Dear Sirs:

Please find enclosed my reinstatement document. It has recently come to my attention that the State of Fla placed my Corporation in a non active status. The only reason for this is I have not received any correspondence from the State since early 2000. I have moved to a new location and for that reason I receive no documentation.

I do ask that the reinstatement fee be waived and please find enclosed the 300.00 fee to bring my Corporation to and active status.

Please Advise

727-397-2235