

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

01 JAN 31 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

pg 1 of 2

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # Pa9000053126

1. Corporation Name

Excalibur Insurance & Investments, Inc.

2. Principal Office Address

2228 NW 40 Terr. #C

Suite, Apt. #, etc.

#C

City & State

Gainesville, FL

Zip

32605

Country

Alachua

3. Mailing Office Address

2228 NW 40 Terr. #C

Suite, Apt. #, etc.

#C

City & State

Gainesville, FL

Zip

32605

Country

Alachua

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/1/99

5. FEI Number

59-3579366

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John DiStefano

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

2228 NW 40 Terr.

Suite, Apt. #, Etc.

C

City

Gainesville

State
FL

Zip Code

32605

AR - 201-25
ARMS - 10.00
AR SUPP - 88.75

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 01/17/01

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
P	John DiStefano	2228 NW 40 Terr. #C	Gainesville, FL 32605
P	Jerry Kreutich	2228 NW 40 Terr. #C	Gainesville, FL 32605
			400003655644-3 -02/07/01--01038--001
			***300.00 ***300.00
			<u>[Signature]</u>

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]

John DiStefano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/01

Date

352.375.5877

Daytime Phone #

CR2E081 (9/00)

Excalibur

Insurance & Investments

2228 NW 40th Terrace, Suite C // Gainesville, Florida 32605

(352) 375-5877 ★ toll free: 888-794-2606 ★ fax (352) 375-7566

Rg 2/2/01

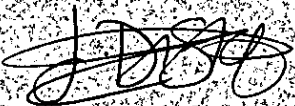
Divisions of Corporations
409 East Gaines Street
Tallahassee, FL 32399
January 9, 2001

Dear Department of State:

This letter is to re-advise that you we have changed our mailing address. I sent in a letter on 10/07/99 to advise you that we closed our Post Office Box, and our new mailing address would be Excalibur Insurance & Investment, Inc., 2228 NW 40th Terrace, Suite C, Gainesville, FL 32605. Apparently, this change did not take place, and our notice for annual report did not get received at our office. Please accept this reinstatement form, and our fee to reinstate our corporation. If you have any questions, please contact our office at 352-375-5877. Thank you for your cooperation in this matter.

Thank you,

John DiStefano
Registered Agent
President



"On The Cutting Edge"

INDIVIDUAL & GROUP:

LIFE ★ HEALTH ★ DISABILITY ★ SENIOR PRODUCTS ★ ANNUITIES ★ MUTUAL FUNDS