

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 23 AM 11:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S72060**

1 Corporation Name

THE EXCALIBUR DEVELOPMENT GROUP INC.

Principal Place of Business 2816 CAVAN DRIVE TALLAHASSEE FL 32308 US	Mailing Address 2816 CAVAN DRIVE TALLAHASSEE FL 32308 US
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REINSTATEMENT

9600

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 08/09/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3141535	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	DEVORE, JAMES R.	2816 CAVAN DR.	TALLAHASSEE FL 32308
VPS	MORROW, JOHN	525 H STREET S.W.	CEDAR RAPIDS IA

900002037939--3
-12/26/96--01005--009
****383.75 ****383.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEVORE, JAMES R.
2816 CAVAN DR.
TALLAHASSEE FL 32308

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.

Signature of Registered Agent

James R. Devore
REGISTERED AGENT MUST SIGN

Date **12-23-96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

James R. Devore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James R. Devore

12-23-96
Date

914893-1515
Daytime Phone #