

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

13 OCT 24 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # # 615000  
1. Corporation Name PROMAN CONSTRUCTION CO., INC.

1984-2013

2. Principal Office Address - No P.O. Box #  
7855 NW 29th  
Suite, Apt. #, etc. Suite 182  
City & State Doral, Florida  
Zip 33122 Country USA

3. Mailing Office Address  
7855 NW 29th  
Suite, Apt. #, etc. Suite 182  
City & State Doral, Florida  
Zip 33122 Country USA

**REINSTATEMENT**  
CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida  
5. FEI Number 591920840 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 Rosemary L. Hartigan  
Street Address (P.O. Box Number is Not Acceptable) 7855 NW 29th  
Suite, Apt. #, etc. Suite 182  
City Doral State FL Zip Code 33122

400252681174  
10/10/13--01023--006 \*\*\$100.00

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] Date 10/8/13  
REGISTERED AGENT MUST SIGN

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
Director	Cecilio G. Lopez	7855 NW 29th #182	Doral, FL 33122
Director	Carlos Lopez	7855 NW 29th #182	Doral, FL 33122
Director	Rosemary L. Hartigan	7855 NW 29th #182	Doral, FL 33122

Oct 25 2013  
L. GELLERS

10. E-mail Address: ROSEMARYH@LOPEFLA.COM  
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [Signature] CECILIO LOPEZ Date 10/8/13 (3) 260 3896  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR