

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.

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

591926840

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

Rosemary L. Hartigan

REGISTERED AGENT MUST SIGN

Date

10/8/13

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

10/13/13

10. E-mail Address: ROSEMARYH@LOPEZRA.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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CECILIO LOPEZ

10/8/13

Daytime Phone #

(3) 266 3896