PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 APR 21 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

CR2E081 (11/10) 2009-2014

DOCUMENT # F08000004919

1. Corporation Name

Prime General Contracting, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
272 Old Baptist Road	P.O. Box 811
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Kingstown, RI	City & State: North Kingstown, RI
Zip: 02852 Country: USA	Zip: 02852 Country: USA

4. Date Incorporated or Qualified: 09/25/2009

5. FEI Number: 05-0509166 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED: N/A — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: 4/21/2014

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
Pres	Scott Mauro	40 Web Ave	North Kingstown, RI 02852
VP	Maxim Aronov	9 Seaward Dr	Warwick, NY 10990
Sec	Scott Mauro	40 Web Ave	North Kingstown, RI 02852

10. E-mail Address: scott@prime.ncooxmail.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: _____ Scott Mauro - President 04/21/14 401-885-2719

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

APR 21 2014

M. WILLIAMS

Florida Department of State

Division of Corporations

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