

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 15 AM 11:44

DOCUMENT # P00000017705

1. Corporation Name

PRP WATERPROOFING, INC.
9335 S.W. 174 Street
Miami, Fl. 33157

2. Principal Office Address

11767 So. Dixie Hwy.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite #341

Suite, Apt. #, etc.

City & State

Pinecrest, Florida

City & State

Zip

Country

Zip

Country

33156

4. Date Incorporated or Qualified
To Do Business in Florida

02/18/2000

5. FEI Number

65-0984046

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

Maria Castellanos

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

9335 S.W. 174 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33157

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

Maria Castellanos

Date 2/14/02

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
D	Maria Castellanos	9335 S.W. 174 St.	Miami, Fl. 33157
Pres	Jose Alvarez	11767 So. Dixie Hwy. #341	Pinecrest, Fl. 33156

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

PRP WATERPROOFING, INC.
11767 So. Dixie Hwy. Suite #341
Pinecrest, Fl. 33156

February 28, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Sir/Madame:

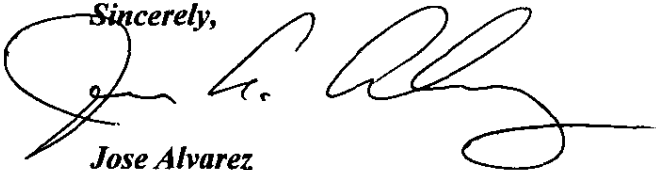
Document Number: P00000017705

Enclosed please find a payment for reinstatement of my company. We have only been established since February of 2000. Please be advised that we did not receive our renewal forms, or notices. We have been having trouble receiving some of our mail, and have spoken to the post office with regards to this. Our new address is as follows: 11767 So. Dixie Hwy., Suite #341, Pinecrest, Fl. 33156.

Please accept our apologies, and accept our fee of \$308.75 for reinstatement, and for certificate of status. Please advise if this fee is acceptable, we need to be reinstated as soon as possible. If you have any further questions, please call me at (305)219-5379

Your response is greatly appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jose Alvarez', with a stylized flourish at the end.

Jose Alvarez
President