

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

03 FEB 25 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000038365

1. Corporation Name

HERLOP CONSTRUCTION, CORP.

2. Principal Office Address

1062 W. State Road 436

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

Zip

32714

Country

USA

3. Mailing Office Address

1062 W. State Road 436

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

Zip

32714

Country

USA

**REINSTATEMENT** 02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

04/16/2001

5. FEI Number

01-0583506

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

Rafael Olmo, Jr.

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

1062 W. State Road 436

Suite, Apt. #, Etc.

City

Altamonte Springs

State

FL

Zip Code

32714

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

*Rafael Olmo*

REGISTERED AGENT MUST SIGN

Date 11/15/02

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
PD	Rafael Olmo, Jr.	1062 W. State Road 436	Altamonte Springs, FL 32714
STD	Marlena Olmo	1062 W. State Road 436	Altamonte Springs, FL 32714

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: *Rafael Olmo* Rafael Olmo, Jr., President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/02

Date

Daytime Phone #

407 7747800

CR2E081 (9/01)

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