

**2008 FOR PROFIT CORPORATION  
REINSTATEMENT**

DOCUMENT # P03000091683

1. Entity Name  
R. O. VIAMONTE CONSTRUCTION CO., INC.



Principal Place of Business  
5200 SOUTH DIXIE HWY  
WEST PALM BEACH, FL 33405 US

Mailing Address  
5200 SOUTH DIXIE HWY  
WEST PALM BEACH, FL 33405 US

2. Principal Place of Business - No P.O. Box #  
917 Churchill Rd

Suite, Apt. #, etc.

3. Mailing Address

917 Churchill Rd

Suite, Apt. #, etc.

City & State  
W. P. B. RI.

City & State

W. P. B. RI.

Zip

Country

33405

Palm Beach

Zip

33405

Country

Palm Beach

6. Name and Address of Current Registered Agent

VIAMONTE, RAMON O  
5200 SOUTH DIXIE HWY  
WEST PALM BEACH, FL 33405

Name

Ramon O. Viamonte

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

917 Churchill Rd

City

W. P. B.

FL

Zip Code

33405

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature of typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12-29-08

FILE NOW!!! FEE IS \$150.00  
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST  
NAME VIAMONTE, RAMON O  
STREET ADDRESS 5200 SOUTH DIXIE HWY  
CITY-ST-ZIP WEST PALM BEACH, FL 33405

Delete

TITLE VI  
NAME VIAMONTE, ELIZABETH A  
STREET ADDRESS 5200 SOUTH DIXIE HWY  
CITY-ST-ZIP WEST PALM BEACH, FL 33405

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-29-08

561-523-0244

Date Daytime Phone #

112202