


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000091683		
1. Entity Name R. O. VIAMONTE CONSTRUCTION CO., INC.		

**FILED**  
08 DEC 31 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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
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2. Principal Place of Business - No P.O. Box # 917 Churchill Rd Suite, Apt. #, etc.	3. Mailing Address 917 Churchill Rd Suite, Apt. #, etc.
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City & State W.P.B. FL	City & State W.P.B. FL
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Zip 33405	Country Palm Beach	Zip 33405	Country Palm Beach
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6. Name and Address of Current Registered Agent VIAMONTE, RAMON O 5200 SOUTH DIXIE HWY WEST PALM BEACH, FL 33405	
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7. Name and Address of New Registered Agent Name: Ramon O. Viamonte Street Address (P.O. Box Number is Not Acceptable): 917 Churchill Rd City: W.P.B. FL Zip Code: 33405	
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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:  (NOTE: Registered Agent signature required when reinstating) DATE: 12-29-08

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2009, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST VIAMONTE, RAMON O 5200 SOUTH DIXIE HWY WEST PALM BEACH, FL 33405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>VIAMONTE, ELIZABETH A 5200 SOUTH DIXIE HWY WEST PALM BEACH, FL 33405</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 DATE: 12-29-08 Daytime Phone #: 561-523-0244

1/22/09