

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000132401

1. Corporation Name

Professional Constructors, Inc.

2. Principal Office Address - No P.O. Box #

7208 W Sand Lake Rd

Suite, Apt. #, etc

City & State

Orlando

Zip

32819

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc

City & State

FL, USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

William Stanfield

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

7208 W Sand Lake Rd

Suite, Apt. #, etc

City

Orlando

State

FL

Zip Code

32819

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

REGISTERED AGENT MUST SIGN

Date

1/12/18

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
P	Michael Hawker	7208 W Sand Lake Rd	Orlando, FL 32819
VP	William Stanfield	7208 W Sand Lake Rd	Orlando, FL 32819

T MOORE
JAN 18 2018

10. E-mail Address: wstanfield@proconstructors.net

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/18

407-825-2117

FILED

18 JAN 17 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300307994203
01/17/18--01043--012 **1000.00

300307994203
01/17/18--01043--013 **50.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/2003

5. FET Number

26-0076048

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
No

\$8.75 Additional Fee required
for a Certificate of Status