

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 13 AM 9:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO5000145104**

1. Corporation Name

CENTURION PROJECT MANAGEMENT INC.

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

9540 SW 80TH AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

9540 SW 80TH AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33156

Country

USA

City & State

MIAMI, FL

Zip

33156

Country

USA

700129192817

05/13/08--01005--023 **450.00

REINSTATEMENT

06-08

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/05

5. FEI Number
20-3693268

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

OLIVIER FLAMANT

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

9540 SW 80TH AVE.

Suite, Apt. #, Etc.

City

MIAMI, FL

State

FL

Zip Code

33156

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

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	OLIVIER FLAMANT	9540 SW 80TH AVE.	MIAMI, 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 contained in Chapter 119, 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

05-05-08

Date

305.776 8871

Daytime Phone #

5/16/08