

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10x2

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 NOV 23 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000087380**

1. Corporation Name

**PRO CONSTRUCTS INC.**

Principal Place of Business

P.O. BOX 272146  
STE. B-20  
TAMPA FL 33688  
US

Mailing Address

P. O. BOX 272146  
STE. B-20  
TAMPA FL 33688  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/22/1993

5. FEI Number

59-3215469

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPT	O'BRIEN, LINDA Z <del>DELETE</del>	11915 NICKLAUS CIRCLE P.O. BOX 2	TAMPA FL
DVPS	FORINO, DONALD J	11915 NICKLAUS CIRCLE P.O. BOX 2	TAMPA FL

500002702289--7  
-12/03/98-01094-018  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

O'BRIEN, LINDA Z  
11915 NICKLAUS CIRCLE  
TAMPA FL 33624

9. Name and Address of New Registered Agent

Name

DONALD J. FORINO

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

11915 NICKLAUS CIRCLE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33624

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 11/17/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See instructions for information  
on intangible tax.)

12. 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)(f), 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DONALD J. FORINO

Date

11/17/98

Daytime Phone #

813.622.8900  
EXT 238

CR2E040 (9/98)



**Janssen & Horgan**

C.P.A.'s, P.A.

*"Helping People Achieve Their Goals"*

13910 North Dale Mabry, St.  
Tampa, Florida 33618  
Phone 813•963•0309  
Fax 813•961•6623

1626 - 38th Avenue North  
St. Petersburg, Florida 33713  
Phone 813•525•9723  
Fax 813•526•4292

November 13, 1998

Division of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee, Florida 32302-1500

RE: Pro Constructs, Inc.  
Document # P93000087380  
# 59-3215469

Gentlemen:

Linda Zuro O'Brien took care of the accounts for this Company and passed away in April of 1998, just before this tax was due. Please make an exception on the payment and accept their check for \$150.00 as payment in full.

Sincerely,

A handwritten signature in black ink, appearing to read 'L.F. Plantier', written over the typed name.

Lawrence F. Plantier, C.P.A.