

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JAN -2 PM 4:11

DOCUMENT # P95000009857

1. Corporation Name

PRIME Construction INC of Central
FLORIDA

800243238938

01/02/13--01023--008 **1050.00

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

56 FERNDALE LN.
Suite, Apt. #, etc.

3. Mailing Office Address

56 FERNDALE LN.
Suite, Apt. #, etc.

CR2E081 (11/10)

City & State

PAIM COAST, FL
Zip Country
32137 FLA

City & State

PAIM COAST, FL
Zip Country
32137 FLA

4. Date Incorporated or Qualified
To Do Business in Florida

2/6/95

5. FEI Number

59-3293736

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
Richard F. Smakal
Street Address (P.O. Box Number is Not Acceptable)
56 Ferndale Lane
Suite, Apt. #, Etc.

City
PAIM COAST

State
FL

Zip Code
32137

REINSTATEMENT 1113

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

Richard F. Smakal
REGISTERED AGENT MUST SIGN

Date 12/29/12

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 | Richard F. Smakal | 56 Ferndale LN. | PAIM COAST, FL 32137 |
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10. E-mail Address: PSSMAKAL@AOL.COM

(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:

Richard F. Smakal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/29/12 Daytime Phone #