

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

97-2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN 18 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 996000041852

1. Corporation Name

PRO-LINE BUILDERS, INC.

2. Principal Office Address

5321 SW 90th

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 823696

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33165

Country

USA

City & State

South Florida, FL

Zip

33082

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5-9-96

5. FEI Number

65-0812018

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

PEDRO M. IZQUIERDO

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

3202 SW 175 AVE

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33029

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1-14-00

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

<u>D</u>	<u>PEDRO M. IZQUIERDO</u>	<u>3202 SW 175 AVE</u>	<u>MIRAMAR / FL / 33029</u>

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 under section 119.07(3)(i), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-14-00

Daytime Phone #

(904) 438-6523

CR2E081 (9/99)