



MIAMI-DADE COUNTY TAX COLLECTOR 140 W. FLAGLER ST. 1st FLOOR MIAMI, FL 33130	2011 LOCAL BUSINESS TAX RECEIPT 2012 MIAMI-DADE COUNTY - STATE OF FLORIDA EXPIRES SEPT. 30, 2012 MUST BE DISPLAYED AT PLACE OF BUSINESS PURSUANT TO COUNTY CODE CHAPTER 8A - ART. 9 & 10	FIRST-CLASS U.S. POSTAGE PAID MIAMI, FL PERMIT NO. 231
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THIS IS NOT A BILL - DO NOT PAY

643643-0 BUSINESS NAME / LOCATION PRO MAX RESTORATION & PAINT CORP 12355 SW 129 CT 33186 UNIN DADE COUNTY	RENEWAL RECEIPT NO. 341716-9 STATE# CGC1513813 8
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OWNER PRO MAX RESTORATION & PAINT CORP Sec. Type of Business 196 SPECIALTY BUILDING CONTRACTOR	WORKER/S 1
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THIS IS ONLY A LOCAL BUSINESS TAX RECEIPT. IT DOES NOT PERMIT THE HOLDER TO VIOLATE ANY EXISTING REGULATORY OR ZONING LAWS OF THE COUNTY OR CITIES. NOR DOES IT EXEMPT THE HOLDER FROM ANY OTHER PERMIT OR LICENSE REQUIRED BY LAW. THIS IS NOT A CERTIFICATION OF THE HOLDER'S QUALIFICATIONS.

PAYMENT RECEIVED
MIAMI-DADE COUNTY TAX COLLECTOR:

08/15/2011
60000000227
000075.00

DO NOT FORWARD

PRO MAX RESTORATION & PAINT CORP
MAXIMILIAN TOWER PRES
12355 SW 129 CT 8
MIAMI FL 33186

SEE OTHER SIDE



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

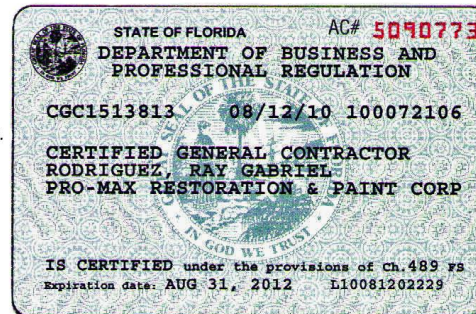
(850) 487-1395

RODRIGUEZ, RAY GABRIEL
PRO-MAX RESTORATION & PAINT CORP
12355 SW 129TH CT #8
MIAMI FL 33186

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



AC# **5090773**

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L10081202229

DATE	BATCH NUMBER	LICENSE NBR
08/12/2010	100072106	CGC1513813

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2012

RODRIGUEZ, RAY GABRIEL
PRO-MAX RESTORATION & PAINT CORP
12355 SW 129TH CT #8
MIAMI FL 33186

CHARLIE CRIST
GOVERNOR

CHARLIE LIEM
SECRETARY

DISPLAY AS REQUIRED BY LAW



CERTIFICATE OF LIABILITY INSURANCE

OP ID ML

DATE (MM/DD/YYYY)

10/10/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER BROWN & BROWN OF FLORIDA INC 14900 NW 79th Court Suite#200 Miami Lakes FL 33016-5869 Phone: 305-364-7800 Fax: 305-714-4401		CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #: PROMA-2															
INSURED Pro-Max Restoration & Paint Co 12355 SW 129th Court, Suite# 8 Miami FL 33186		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: National Union Fire Ins Co PA</td> <td>19445</td> </tr> <tr> <td>INSURER B: Scottsdale Insurance Company</td> <td>41297</td> </tr> <tr> <td>INSURER C: General Insurance Co/America</td> <td>24732</td> </tr> <tr> <td>INSURER D: Commerce and Industry Ins Co</td> <td>19410</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: National Union Fire Ins Co PA	19445	INSURER B: Scottsdale Insurance Company	41297	INSURER C: General Insurance Co/America	24732	INSURER D: Commerce and Industry Ins Co	19410	INSURER E:		INSURER F:	
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COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE		ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
B	<input checked="" type="checkbox"/>	GENERAL LIABILITY			BINDER REQUESTED	10/09/11	10/09/12	EACH OCCURRENCE (DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
	<input type="checkbox"/>	COMMERCIAL GENERAL LIABILITY						\$ 100,000		
	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/>	OCCUR				\$ Excluded		
	<input type="checkbox"/>							PERSONAL & ADV INJURY	\$ 1,000,000	
	<input type="checkbox"/>							GENERAL AGGREGATE	\$ 2,000,000	
	<input type="checkbox"/>							PRODUCTS - COM/CP AGG	\$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						Emp Ben.	\$ 1,000,000		
	<input type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO-JECT	<input type="checkbox"/>	LOC				
C	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY			01CI4773531	07/29/11	07/29/12	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input type="checkbox"/>	ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/>	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/>	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	<input type="checkbox"/>	HIRED AUTOS							\$	
	<input type="checkbox"/>	NON-OWNED AUTOS							\$	
D	<input type="checkbox"/>	UMBRELLA LIAB	<input checked="" type="checkbox"/>	OCCUR	BE019084216	10/09/11	10/09/12	EACH OCCURRENCE	\$ 5000000	
	<input checked="" type="checkbox"/>	EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE				AGGREGATE	\$ 5000000	
	<input type="checkbox"/>	DEDUCTIBLE							\$	
	<input checked="" type="checkbox"/>	RETENTION \$	0						\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC004677382	04/01/11	04/01/12	WC STATUTORY LIMITS	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/>	Y/N				N/A	E.L. EACH ACCIDENT	\$ 500000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 500000	
								E.L. DISEASE - POLICY LIMIT	\$ 500000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

[Signature]

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THE AMERICAN INSTITUTE OF ARCHITECTS



BOND NO. 80019286

AIA Document A312

Performance Bond

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

CONTRACTOR (Name and Address):
PRO-MAX RESTORATION & PAINT CORP.
MIAMI, FL 33186

SURETY (Name and Principal Place of Business):
THE GUARANTEE COMPANY OF NORTH
AMERICA, USA
25800 NORTHWESTERN HWY 720
SOUTHFIELD, MI 48-75

OWNER (Name and Address):


CONSTRUCTION CONTRACT
Date:
Amount:
Description (Name and Location):

BOND
Date (Not earlier than Construction Contract Date):
Amount:
Modifications to this Bond:

☐ None ☒ See Last Page

CONTRACTOR AS PRINCIPAL PRO-MAX RESTORATION SURETY THE GUARANTEE COMPANY OF NORTH
Company: & PAINT CORP. (Corporate Seal) Company: AMERICA USA
(Corporate Seal)

Signature: 
Name and Title: MAXIMILIAN M. TOWER

Signature: 
Name and Title: RAMON A. RODRIGUEZ
Attorney-In-Fact & FLA REG AGENT

(Any additional signatures appear on last page)

(FOR INFORMATION ONLY -- Name, Address and Telephone)
AGENT or BROKER
BROWN & BROWN INSURANCE/HBA DIVISION
2500 NW 79 AVE #101
MIAMI, FL 33122

OWNER'S REPRESENTATIVE (Architect,
Engineer or other party):



INTERNATIONAL CONCRETE REPAIR INSTITUTE

Certificate of Membership

This certifies that

Pro-Max Restoration and Paint

is a member through

December 31, 2011



Kelly M. Boff

Executive Director

C. J. Wright

President



Certificate of Course Completion

Nilson Blanco

Student's Name

Nilson Blanco

Student's Signature

30

of hours approved

OSHA - 30 Hour Construction Industry Outreach Training Program

Course Title

03/18/2010 16:25 CST

Course Completion Date

1506119

Certificate Number

I hereby attest that I have completed the above named safety course in accordance with the ethical guidelines defined by, **Osha Pro's, Inc.** I acknowledge that I consumed all information and took all Pertinent quizzes and/or final tests.

Osha Pro's, Inc.
4101 West Green Oaks Blvd., Suite # 305-267
Arlington, TX, 76016
Tel: 866-442-6742



Kachina Contractor Solutions

*530 Stahr Road
Elkins Park, PA 19027
1-888-800-5224*

EPA Training Provider NAT-RV-I-18499-I-EN

CERTIFICATE OF COMPLETION

This is to certify that:

NILSON BLANCO

*751 PLOVER AVE
MIAMI SPRINGS, FL 33166*

*has successfully completed and passed
the 8 hour EPA training and hands-on
skills assessment course:*

Lead Renovator Initial

*Course Number: RI-100118
Offered in English at
FT LAUDERDALE, FL.*



*Course Date: 7/27/2010
Examination Date: 7/27/2010
Expiration Date: 7/27/2015*

Certificate Number: R-I-18499-10-28076

"UNDER CIVIL AND CRIMINAL PENALTIES OF LAW FOR THE MAKING OR SUBMISSION OF FALSE OR FRAUDULENT STATEMENTS OR REPRESENTATIONS (18 U.S.C. 1001 AND 15 U.S.C. 2615), I CERTIFY THAT THIS TRAINING COMPLIES WITH ALL APPLICABLE REQUIREMENTS OF TITLE IV OF THE "TOXIC SUBSTANCES CONTROL ACT" 40 CFR PART 745, AND ANY OTHER APPLICABLE FEDERAL, STATE, OR LOCAL REQUIREMENTS, AS AMENDED."

A handwritten signature in black ink, appearing to read "Norman C. Koehler".

7/27/2010

*Training Manager
Norman C. Koehler*

Date

