

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 JAN 11 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 345281

Corporation Name

Progressive Driver Services, Inc.

Place of Business

2000 Corporate Square Blvd.
Jacksonville, FL 32216

Mailing Address

P.O. Box 17775
Jacksonville, FL 32245

800003099618--7
-01/14/00--01094--025
****758.75 ****758.75

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

1. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 4/28/69	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1261743	
City & State		City & State		Applied For Not Applicable	
Country		Zip		Country	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	Lowell Harmon	2000 Corporate Sq. Blvd.	Jacksonville, FL 32216
TD	Linda Harmon	2000 Corporate Sq. Blvd.	Jacksonville, FL 32216
D	Robert Lee	2000 Corporate Sq. Blvd.	Jacksonville, FL 32216
	John R. Hirte	2000 Corporate Sq. Blvd.	Jacksonville, FL 32216
	Elliot Zisser	2000 Corporate Sq. Blvd.	Jacksonville, FL 32216

REINSTATEMENT

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Elliot Zisser 200 Gulf Life Drive, Suite 630 Jacksonville, Florida 32202		Name Andrew J. Fawbush Street Address (P.O. Box Number is Not Acceptable) 50 N. Laura Street Suite, Apt. #, Etc. Suite 2800 City Jacksonville State FL Zip Code 32202	

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 _____ Date _____
REGISTERED AGENT MUST SIGN

1. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

2. 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: *Lowell Doug Harmon* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lowell Doug HARMON

1-7-00
Date

(904) 724-2864
Daytime Phone #

CR2E081 (12/98)