

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JUN 21 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 696291

1. Corporation Name

Progressive Home Investors, Inc.

2. Principal Office Address - No P.O. Box #  
2257 Cleveland Ave

Suite, Apt. #, etc.

City & State  
Fort Myers, FL

Zip  
33901

Country  
USA

3. Mailing Office Address  
P.O. Box 1594

Suite, Apt. #, etc.

City & State  
Fort Myers, FL

Zip  
33914

Country  
USA

REINSTATEMENT

CR2E081 (1/01)

4. Date Incorporated - Qualified  
To Do Business in Florida 7-28-81

5. FEI Number  
59-2753239

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  
Robert J. Dupre

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

Suite, Apt. #, Etc.

City  
Cape Coral

State Zip Code  
FL 33904

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Robert J. Dupre*  
REGISTERED AGENT MUST SIGN

Date 6/18/07

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
PD	Robert J. Dupre	523 Retunda Parkway	Cape Coral, FL 33904
STD	Dorothy J. Dupre	523 Retunda Parkway	Cape Coral, FL 33904

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 contained in Chapter 119, 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:

*Robert J. Dupre* ROBERT J. DUPRE

Date

Daytime Phone #

G. Michod JUN 21 2007