PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN -4 PM 2:24

DOCUMENT # 854929

1. Corporation Name
PROGRESOS VENEZUELA .CA

W01000029441

REINSTATEMENT 99-01

2. Principal Office Address	**3.** Mailing Office Address
1111 NE 25 Ave	S A
Suite, Apt. #, etc. 202	Suite, Apt. #, etc.
City & State OCALA, FL	City & State MI E
Zip 34470 Country US	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 1983

5. FEI Number 59-253-9796 ☐ 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: LARRY M. WOOD 352-732-3828

Street Address (P.O. Box Number is Not Acceptable): 1111 NE 25TH Ave, Suite 202

000004776470--9
-01/16/02--01007--001
***1050.00 ***1050.00

Suite, Apt. #, Etc.

City: OCALA State: FL Zip Code: 34470

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: Larry M. Wood Date: 12/17/01
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
P	DONALD R. COCKERN	CARRETERA N AV. 44 APARTADO 137	CIUDAD OJEDA, VENEZUELA
VP	GEORGE WEST	CARRETERA N AV. 44 APARTADO 137	000004776470--3 -01/16/02--01007--002 ****150.00 ****150.00
S	JOSEFINA DANIELS	CARRETERA N AV 44 APARTADO 137	
T	ELISA CANEDO	CARRETERA N AV 44 APARTADO 137	12/11/02

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: Donald R Cockern 12/17/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #