

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 OCT 20 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F03000000778

1. Corporation Name

Progressive Asset Management Services, Inc.

2. Principal Office Address

685 E. Cochran St

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#150

Suite, Apt. #, etc.

City & State

Simi Valley, CA

City & State

Zip

93065

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5-25-99

5. EEL Number

77-0519225

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

09-06

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

*Leticia Finell - Authorized Representative*

Date

10/17/06

REGISTERED AGENT MUST SIGN

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
PCEO	DEBRA FIXEN	685 E. Cochran St #150	Simi Valley, CA 93065
SD	CHRISTOPHER L. THOMPSON	685 E. COCHRAN ST #150	Simi Valley, CA 93065
VC	EDWARD FIXEN	685 E. COCHRAN ST #150	Simi Valley, CA 93065

*\$310/25*

300081059073  
10/20/06--01008--024 \*\*450.00

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:

*[Signature]*

Chris Thompson, Secretary, 10-11-06 805-584-8389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



| 685 E. COCHRAN AVENUE | SUITE 150 | SIMI VALLEY | CA 93065 | OFFICE: [805] 584-8389 | FAX: [805] 584-9487 |

October 11, 2006

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Progressive Asset Management Services, Inc.  
Reinstatement/Document Number F03000000778  
Years: 2004, 2005, 2006

Dear Sir or Madam:

My name is Chris Thompson and I am the Secretary of the above-named corporation.

I am making an appeal to waive the reinstatement fee as we did not receive the postcard/notice for our 2004 renewal. I have searched our Florida Licensing file and have found no such document. Our previous renewal was done in a timely fashion and I assure you that all future renewals will be submitted timely.

Our former address was 5924 E. Los Angeles Ave., Ste P, Simi Valley, CA., Our current address is 685 E. Cochran Street, Suite 150, Simi Valley, CA 93065.

I thank you in advance for your consideration. Should you have any questions or desire any further information, please do not hesitate to contact me.

Sincerely,



Chris Thompson, Secretary

Enc.  
CLT/ww