

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Hams Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---


FILED
02 MAY 29 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1. Corporation Name Progressive Business Solutions, Inc. J11147			
2. Principal Office Address 5902 A Breckenridge Parkway Suite, Apt. #, etc. City & State Tampa, FL Zip 33610		3. Mailing Office Address 5902 A Breckenridge Parkway Suite, Apt. #, etc. City & State Tampa, FL Zip 33610	
Country USA		Country USA	


400005754104--3
-06/11/02--01095--013
****908.75 ****908.75

4. Date Incorporated or Qualified To Do Business in Florida 04/24/86	
5. FEI Number 59-2694905	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> SEE 75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name CT Corporation System	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	
Suite, Apt. #, Etc.	
City Plantation	State FL
Zip Code 33324	

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, VS.	
Signature of Registered Agent  REGISTERED AGENT MUST SIGN	Date 5/28/02

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
D/P/S/T	M. Dan Duffy	1304 W. Walnut Hill Lane, Suite 300	Irving, TX 75038

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 61 T, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	M. DAN DUFFY Date 5/28/2002 (972) 582-3606 Daytime Phone #