PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STAT Secretary of State DIVISION OF CORPORATIONS	E	12 SEF 27 M II: 44		
DOCUMENT # 5684 1. Corporation Name PROGRESSIVE ELECTION	RICAL SERVICES, INC	:		· · · · · · · · · · · · · · · · · · ·	
2. Principal Office Address - No P.O. Box# 40351 US HWY 19 M.	3. Mailing Office Address 2119 NEW BURY CT				
Suite)Apt. #, etc.	Suite, Apt. #, etc.		CR2E081 (11/10)		
304			porated or Qualified iness in Florida		
City & State	City & State		·		
TARPON SPRINGS FL	PALM HARBOR, FC	5, FEI Numb	805142	Applied For Not Applicable	
TARPON SPRINGS FL Zip 34689 Country PINELLAS	Zip Country 34683 PINELLAS	6.	TE OF STATUS DESIRED \$8.75 Add	itional Fee required rtificate of Status	
7. Name and Address of Current Registered Agent					
Name PANDALL S GRABER Street Address (P.O. Box Number is Not Acceptable) 2 11 9 NEW BURY CT Suite, Apt. #, Etc.			ാനാനുന്നു ദേഷങ്		
PALM HARBOR State Zip Code FL 34683			3 002401141 1 27/1201004026	**1958.75	
8. I, being appointed the registered agent of the al	bove named corporation, am familiar with and accept t	he obligations of sect	ion 607,0505 or 617,0503, F.S.		
Signature of					
Registered Agent			Date		
Names and Street Addresses of Each Officer a	and/or Director (Florida nonprofit corporations must list	at least 3 directors)	···		
Titles Name of Officers and/or Directo	Street Address of Officer and/or Dir	Street Address of Each Officer and/or Director		City / State / Zip	
P BANDALL S GR	ABER PALM HARBOR,	c7 FL 34683	PALM HARBO	R 34683	
10. E-mail Address: RANDY AD RSGNIC. COM					
(To be used for future annual report notification) 11. 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, FS 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817 155, F.S. SIGNATURE: Constitute of the control of the contr					
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RE 9/27/12

2 at 2 payer

Progressive Electrical Service Inc. 4998 Wright Rd. Milan, Mi. 48160 734-484-0346

I **ODIE J Smith** President of Progressive Electrical Services, Inc. - File Number F10000002787

do not have the intent to renew or reinstate Progressive Electrical Services, Inc.- File Number F10000002787

and I hereby relinquish the use of the name Progressive Electrical Services, Inc. - in the State of Florida

Signed, Sealed and Delivered this 25 day of September. 2012

ODIE J. Smith - President

Sworn and subscribed before me this ______ day of September , 2012 ODIE J. SMITH, who is personally known to me.

Notary Public

JO ANNE ROSS NOTARY PUBLIC WASHTENAW COUNTY, MI MY COMMISSION EXP. MAR 30, 2014