

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

18 JUN 28 PM 3:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05-56636

1. Limited Liability Company's Name

Progressive Business Enterprise LLC

2. Principal Office Address - No P.O. Box #

1326 KITT ST

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32304

Country

USA

3. Mailing Office Address

PO Box 3700

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32315

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

6/9/2005

6. FEI Number

651252514

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

James V Maduro Jr

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

1326 KITT ST

Suite, Apt. #, Etc.

City

Tallahassee FL

State

FL

Zip Code

32304

E-mail Address:

500249368795
07/01/13--01001--002 **516.25

jvmjr biz@gmail.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

James V Maduro Jr

Date 6/28/13

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MEM	James V. Maduro Jr	1326 KITT ST	Tallahassee FL 32304
MEM	Marsha David	1326 KITT ST	Tallahassee FL 32304

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07/01/13--01001--003 **5.00

JUN 28 2013

S. PRATHER

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing
Member/Manager

James V Maduro Jr

Date 6/28/13

Daytime Phone #

850-222-3628

Typed or printed name of signing Managing Member/Manager

James V Maduro Jr.