


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 14 PM 4:07

DOCUMENT # L06000086006					
1. Entity Name PROGRESSIVE ALLIANCE L.L.C.					
Principal Place of Business 2737 N. E ST. PENSACOLA, FL 32501			Mailing Address 2737 N. E ST. PENSACOLA, FL 32501		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	04112008 REIN-LLC CR2E101 (1/07) 4. FEI Number 87-0183232 Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
BLACKMON, JOHNNY W 2737 N. E ST. PENSACOLA, FL 32501				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Johnny W. Blackmon</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE		<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	BLACKMON, GEORGIA	
STREET ADDRESS			STREET ADDRESS	2017 N 7th AVE	
CITY-ST-ZIP			CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE		<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	BLACKMON, JOHNNY W	
STREET ADDRESS			STREET ADDRESS	2017 N 7th AVE	
CITY-ST-ZIP			CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE		<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	COLE, Tony	
STREET ADDRESS			STREET ADDRESS	1909 W. JORDAN ST.	
CITY-ST-ZIP			CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE		<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DATSON, JOHN	
STREET ADDRESS			STREET ADDRESS	5428 ROWE TERRACE	
CITY-ST-ZIP			CITY-ST-ZIP	PAGE, FL 32571	
TITLE		<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JONES, DIANE	
STREET ADDRESS			STREET ADDRESS	204 EMERALD AVE.	
CITY-ST-ZIP			CITY-ST-ZIP	PENSACOLA, FL 32505	
TITLE		<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	McINTOSH, JERRY	
STREET ADDRESS			STREET ADDRESS	11767 OLD COURSE	
CITY-ST-ZIP			CITY-ST-ZIP	CANTONMENT, FL 32533	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE <i>Johnny W. Blackmon</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <i>4/11/08</i> Daytime Phone # <i>850-438-4882</i>		