

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L 99000004344 -

DIS 9/29/00

1. Limited Liability Company's Name

Progressive Capital Management, LLC
Rein 00-01

2. Principal Office Address

1500 Beville Road

Suite, Apt. #, etc.

Ste 606, #310

City & State

Daytona Beach, FL

Zip

32114

Country

USA

3. Mailing Office Address

1500 Beville Road

Suite, Apt. #, etc.

Ste 606, #310

City & State

Daytona Beach, FL

Zip

32114

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

July 19, 1999

6. FEI Number

65-0933198

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

Mark Capozzi

300003631253-3

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

1200 N. Federal Hwy

Suite, Apt. #, Etc.

Ste 200

City

Boca Raton,

State

FL

Zip Code

33432

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

Mark A. Capozzi

REGISTERED AGENT MUST SIGN

Date 1/12/01

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
MGR	Larry Meservey	1500 Beville Road Ste 606, #310	Daytona Beach, FL 32114
MGR	Steve Treich	1500 Beville Road Ste 606, #310	Daytona Beach, FL 32114
		50.00 - 2000	
		50.00 - 2001	
		100.00 Rein	
		200.00	

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.

Signature of

Managing Member/Manager

Larry-Wayne Meservey, MGR

Date 1/12/01

Daytime Phone # 908-963-4963

Typed or printed name of signing Managing Member/Manager

Larry-Wayne Meservey, MGR

CR2E041 (9/99)