

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUL 21 PM 12:41

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NO6000003103**

1. Corporation Name

INFORMATION FOR PROGRESS Inc.

800158760408
07/21/09--01038--001 **192.50

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box # 7550 NW 47th Avenue		3. Mailing Office Address 7550 NW 47th Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Coconut Creek, FL		City & State Coconut Creek, FL	
Zip 33073	Country USA	Zip 33073	Country USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 03/20/2006

5. FEI Number
42-1699320

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Maude Heurtelou

Street Address (P.O. Box Number is Not Acceptable)
7550 NW 47th Avenue

Suite, Apt. #, Etc.

City
Coconut Creek

State Zip Code
FL 33073

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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, F.S.

Signature of
Registered Agent

Date **July 14, 2009**

REGISTERED AGENT MUST SIGN

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
President	Maude Heurtelou	7550 NW 47th Avenue	Coconut Creek, FL 33073
Vice President	Yolaine Gaston	12920 NW 1st Avenue	Miami, FL 33168
Secretary/Treasurer	Carol Hollander	4770 NE 7th Avenue	Oakland Park, FL 33334

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 617, 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 contained in Chapter 119, 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

07/14/09
Date

(954) 968-7433
Daytime Phone #