

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000000148

1. Corporation Name

PROGRESSO RETAIL MERCHANTS ASSOCIATION, INC.

Principal Place of Business

809 PROGRESSO DRIVE
FT LAUDERDALE FL 33304

Mailing Address

809 PROGRESSO DRIVE
FT LAUDERDALE FL 33304

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

99

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/1996

5. FEI Number

65-0712127

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Addt'l Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	HAMILTON, JOEL	12 EAST SUNRISE BLVD.	FT LAUDERDALE FL 33304
VD	SHALLENBERGER, WAYNE	815 NORTH ANDREWS AVE.	FT LAUDERDALE FL 33304
SD	WEHRENBURG, JAMES	809 PROGRESSO DRIVE	FT LAUDERDALE FL 33304
TD	CURATOLO, TONY	825 NE 2ND AVENUE	FT LAUDERDALE FL 33304
			700003045627--4 -11/16/99--01052--028 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

HAMILTON, JOEL
12 EAST SUNRISE BLVD.
FT LAUDERDALE FL 33304

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10.14.99

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, 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 under section 119.07(3)(i), 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

JOEL E. HAMILTON

Date

Daytime Phone #

10.14.99 754 523.7301 KE