

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JAN -2 AM 9:38

DOCUMENT # 800 000 113680

1. Corporation Name  
S & L Progressive Enterprises Inc.

2. Principal Office Address  
4585 Barnacle Drive

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc. SAME

City & State  
PORT ORANGE FL

City & State

Zip Country  
32127 USA

Zip Country

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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  
WILLIAM M SMITH  
Street Address (P.O. Box Number is Not Acceptable)  
4585 Barnacle Drive  
Suite, Apt. #, Etc.  
City  
PORT ORANGE

State Zip Code  
FL 32127

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 William M Smith  
REGISTERED AGENT MUST SIGN

Date 12/26/07

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
Pres	WILLIAM M SMITH	813 NE 74th St	GLADSTONE MO 64118

REINSTATEMENT 01-09

01/02/08--01034--015 \*\*\*1650.00

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: William M. Smith  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/07 816 863-8188  
Date Daytime Phone #