

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC -6 AM 8:21

DOCUMENT # P00000115601

1. Corporation Name

PROGENY III CORP.

Principal Place of Business

Mailing Address

1925 EAST GORDON DRIVE
NAPLES FL 34102

1925 EAST GORDON DRIVE
NAPLES FL 34102



REINSTATEMENT

B-01

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3723614

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional 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)

1 Title(s)	2 Name of Officers, and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	JENTGEN, JAMES J	1925 EAST GORDON DRIVE	NAPLES FL 34102

3000004733143--1
-12/19/01--01057--022
****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BUCKEL, ROBERT M ESQ.
5801 PELICAN BAY BOULEVARD
SUITE 300
NAPLES FL 34108

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

James J. Jentgen
REGISTERED AGENT MUST SIGN

Date

11-23-01

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:

James J. Jentgen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B

2 of 2

PORTER WRIGHT MORRIS & ARTHUR LLP
Attorneys & Counselors at Law

Charles B. Shields
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Facsimile: 941-593-2990
Toll Free: 800-876-7962

November 23, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Reinstatement of Progeny III, Inc.

Gentlemen:

Enclosed is the original Reinstatement for the above referenced corporation, together with a check in the sum of \$758.75 representing the reinstatement fee and fee for one (1) certificate of status.

Please forward the certificate of status to my office at your earliest possible convenience. Please find enclosed a self-addressed stamped envelope for your convenience.

Thank you for your assistance in this matter. Should you have any further questions, please call my office at the toll-free phone number above.

Sincerely,



Charles B. Shields, Jr.

Enclosure

cc: Jim Jentgen