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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

04 DEC 13 AM 8:00

DOCUMENT # P02000016116

**1. Corporation Name**

Progressive Carpentry Services, Inc.

P.O. Box 490944

P.O. Box 490944

**2. Principal Office Address**

P.O. Box 490944

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33349

Country

USA

**3. Mailing Office Address**

P.O. Box 490944

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33349

Country

USA

REINSTATEMENT

03-04

MRS

**4. Date Incorporated or Qualified**

To Do Business in Florida 02/07/2002

**5. FEI Number**

260000270

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

Leonard A. Murray

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

790 N.W. 43rd Terrace

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33311

**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

*L. Murray*

Date 12/7/04

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
P	Leonard A. Murray	790 N.W. 43rd terrace,	Ft. Lauderdale, FL 33311

**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 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:**

*L. Murray*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/7/04

Date

754-224-6460

Daytime Phone #

CR2E081 (01/04)

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P.O. Box 490944  
Ft. Lauderdale, FL 33349

**PROGRESSIVE CARPENTRY SERVICES, INC.**

December 8, 2004

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:


Doc #: P02000016116

This letter is a follow-up from the conversation with the customer service rep. at the above office.

I was notified by the Worker's Comp. Office that my Corporation was not valid, I contact your office only to find that I need to rein-state my corporation I told the CSR that I didn't received any letter or notification from your office, so she instruct me to write this letter stating my case ant to enclose a fee of \$300.00 which is included.

This fee will cover last year and this year.

Sincerely,



Leonard A. Murray  
President

Incl.

ck 403