

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 APR 20 AM 10:30

DOCUMENT #

B2000072224

1. Corporation Name

PROGRESSIVE CONSTRUCTION GROUP INC.

2. Principal Office Address

189 HAZELTINE DR  
Suite, Apt. #, etc.

3. Mailing Office Address

189 HAZELTINE DR  
Suite, Apt. #, etc.

City & State

DABAY

Zip

FL

Country

USA

City & State

DABAY

Zip

32713

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7/1/02

5. FEI Number

54-2062956

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

VINCE WILLIS

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

189 HAZELTINE DR

Suite, Apt. #, Etc.

City

DABAY

State

FL

Zip Code

32713

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

Vince Willis

Date

4/15/06

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/T	VINCE WILLIS	189 HAZELTINE DRIVE	DABAY FL 32713
V/P	JOHN HENDERSON D	1703 CHRISTY AVE	DAL FL 32803

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06

Date

407 509 9181

Daytime Phone #