

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED 2002

04 NOV 22 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 802000100821

1. Corporation Name

PROGRESSO CARPENTRY, CORP.

4409 N. FEDERAL HWY
4409 N FEDERAL HWY

2. Principal Office Address

4409 N. FEDERAL HWY

Suite, Apt. #, etc.

LOT 6

City & State

POMPANO BEACH

Zip

33064

Country

USA

3. Mailing Office Address

4409 N FEDERAL HWY

Suite, Apt. #, etc.

LOT 6

City & State

POMPANO BEACH

Zip

33064

Country

USA

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida** 09/18/2002

5. FEI Number
06-1647624

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

ADONIRIO A. DA SILVA

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

4409 N FEDERAL HWY

Suite, Apt. #, Etc.

LOT 6

City

POMPANO BEACH

State

FL

Zip Code

33064

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

REGISTERED AGENT MUST SIGN

Date

11/18/04

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	ADONIRIO A DA SILVA	4409 N FEDERAL HWY#LOT 6	POMPANO BEACH, FL 33064
V	JOAO M. MENEZES	4409 N FEDERAL HWY#LOT 6	POMPANO BEACH, FL 33064

200042938702
11/22/04--01066--018 **300.00

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 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 FULL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/18/04

Daytime Phone #

CR2E081 (01/04)

4409 N FEDERAL HWY, LOT 6
POMPANO BEACH, FL 33064

RE: **PROGRESSO CARPENTRY, CORP**
P02000100821

DEAR STATE DEPARTMENT,

PLEASE WAIVE MY LATE FEE BECAUSE, I DID NOT RECEIVE THE ANNUAL REPORT PAPER IN MY HOUSE. PROBABLY IT HAPPENED BECAUSE I HAVE CHANGED MY ADDRESS. PLEASE UPDATE IT IN YOUR RECORDS .IT'S THE FIRST TIME THAT I HAVE A CORPORATION, I AM STILL KIND OF NEW WITH THE PAPERWORK. I PROMISE YOU THAT NEXT YEAR, I WILL BE ONE OF THE FIRST PEOPLE TO FILE THE ANNUAL REPORT.

PLEASE MAKE NOT OF MY NEW ADDRESS:
4409 N FEDERAL HWY, LOT 6
POMPANO BEACH, FL 33064

A handwritten signature in dark ink, appearing to read 'Adonirio A. da Silva', is enclosed within a hand-drawn oval border.

SINCERELY,
ADONIRIO A DA SILVA