

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000096740

1. Entity Name  
PROGRESS PLUMBING, INC.



FILED  
04 OCT 18 PM 12:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
11001 SUNSET HARBOR RD., NO. 32  
SUMMERFIELD, FL 34491

Mailing Address  
11001 SUNSET HARBOR RD., NO. 32  
SUMMERFIELD, FL 34491

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

10082004 REIN-P CR2E098 (6/04)

4. FEI Number  
32-0090860

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent  
WILSON, DAVID A  
1409 N.E. 22ND AVE.  
OCALA, FL 33370

7. Name and Address of New Registered Agent  
Name: Nicholas Thelen  
Street Address (P.O. Box Number is Not Acceptable): 11001 Sunset Harbor Rd. No. 32  
City: Summerfield, FL 34491  
City: FL Zip Code: 34491

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Nicholas Thelen* VP Nicholas Thelen DATE: 10-12-04

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	YEAGLER, DANIEL	
STREET ADDRESS	11001 SUNSET HARBOR RD., NO. 32	
CITY-ST-ZIP	SUMMERFIELD, FL 34491	
TITLE	D	<input type="checkbox"/> Delete
NAME	THELEN, NICHOLAS	
STREET ADDRESS	20275 S.W. 86TH LOOP	
CITY-ST-ZIP	DUNNELLON, FL 34431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	900041936799	
CITY-ST-ZIP	10/18/04--01057--010 **150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daniel Yeagler* Daniel Yeagler President DATE: 10/12/04 3524274520

(NOTE: Registered Agent signature required when reinstating)