

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000033646

1. Corporation Name

Progressive Women's Health, P.A.

2. Principal Office Address - No P.O. Box #

6072 Doctor's Park Road

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 591

Suite, Apt. #, etc.

City & State

Milton, FL

City & State

Milton, FL

Zip

32570

Country

USA

Zip

32572

Country

USA

REINSTATEMENT

300214001943
11/04/11--01037--004 **750.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

02/17/04

5. FEI Number
20-0817475

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

Coyle, Michael J, D.O.

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

4280 Spindlowick Drive 2905 Greystone Dr

Suite, Apt. #, Etc.

City

Pace

State

FL

Zip Code

32571

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

Michael J Coyle

REGISTERED AGENT MUST SIGN

Date 11/18/11

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
<input checked="" type="checkbox"/> President	Michael J Coyle	6072 Doctors Park Rd.	Milton, FL 32570

10. E-mail Address: michaelcoyle@bellsouth.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #