


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Corporation
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 17 PM 3 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600180986936
05/17/10--01056--026 **450.00

CR2E041 (11/09)

DOCUMENT # P04000040240

1. Limited Liability Company's Name

PROGRESSO EQUIPMENT LEASING, INC
WI-22432

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

2744 NE 26th AVE (SAME)

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

LIGHT HOUSE POINT

City & State

FL.

Zip

33064

Country

BROWARD

Zip

Country

4. State/Country of Formation

FLORIDA / BROWARD

5. Date Organized or Qualified

To Do Business in Florida 9/24/08

6. FEI Number

200831819

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

MOIRA ANN ELLIOTT

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

970 NW 13TH TERRACE

Suite, Apt. #, Etc.

FT LAUDERDALE, FL 33311

City

State

FL

Zip Code

☒ A \$600 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

Moira Ann Elliott
REGISTERED AGENT MUST SIGN

Date Apr 26, 2010

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>PRES</u>	<u>MOIRA A ELLIOTT</u>	<u>2744 NE 26th AVE</u>	<u>LIGHT HOUSE PT FL</u> <u>33064</u>

REINSTATEMENT 08-10

205/18

11. E-mail Address: NOT APPLICABLE

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

Moira A Elliott

Date

Apr 26, 2010

Daytime Phone #

(754) 782-2929

Typed or printed name of signing Managing Member/Manager

MOIRA A ELLIOTT