

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000144596

FILED  
Oct 04, 2007  
Secretary of State

Entity Name: PROGRESS INSURANCE AGENCY, INC.

## Current Principal Place of Business:

1515 MICHIGAN AVENUE  
SUITE 13  
KISSIMMEE, FL 34744

## New Principal Place of Business:

203 S. CLYDE AVE  
KISSIMMEE, FL 34741

## Current Mailing Address:

1515 MICHIGAN AVENUE  
SUITE 13  
KISSIMMEE, FL 34744

## New Mailing Address:

203 S. CLYDE AVE  
KISSIMMEE, FL 34741

FEI Number: 02-0791097

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GARCIA, CARMEN  
1515 MICHIGAN AVENUE  
SUITE 13  
KISSIMMEE, FL 34744 US

## Name and Address of New Registered Agent:

GARCIA, CARMEN  
203 S. CLYDE AVE  
KISSIMMEE, FL 34741 US

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.

SIGNATURE: CARMEN GARCIA

10/04/2007

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GARCIA, CARMEN  
Address: 1515 MICHIGAN AVENUE SUITE 13  
City-St-Zip: KISSIMMEE, FL 34744

Title: VP ( ) Delete  
Name: GARCIA, JOSE U  
Address: 1515 MICHIGAN AVENUE SUITE 13  
City-St-Zip: KISSIMMEE, FL 34744

Title: SEC ( ) Delete  
Name: ORTIZ, GISELLE D  
Address: 1515 MICHIGAN AVE SUITE 13  
City-St-Zip: KISSIMMEE, FL 34744

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GARCIA, CARMEN  
Address: 203 S. CLYDE AVE  
City-St-Zip: KISSIMMEE, FL 34741

Title: VP (X) Change ( ) Addition  
Name: GARCIA, JOSE U  
Address: 203 S. CLYDE AVE  
City-St-Zip: KISSIMMEE, FL 34741

Title: SEC (X) Change ( ) Addition  
Name: ORTIZ, GISELLE D  
Address: 203 S. CLYDE AVE  
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMEN GARCIA

P

10/04/2007

Electronic Signature of Signing Officer or Director

Date