

FILED

2008 FEB 28 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P30227			
1. Corporation Name Progressive Advanced Insurance Company			
2. Principal Office Address - No P.O. Box # 6300 Wilson Mills Road Suite, Apt. #, etc.		3. Mailing Office Address 6300 Wilson Mills Road Suite, Apt. #, etc.	
City & State Mayfield Village, OH		City & State Mayfield Village, OH	
Zip 44143	Country USA	Zip 44143	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 7/06/1990		5. FEI Number 62-0484104	
6. CERTIFICATE OF STATUS DESIRED ☐		58.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation State FL Zip Code 33324			
☐ The 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 reinstatement fee be waived.			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S. Signature of Registered Agent: <u>Jane Stout</u> <u>Jane Stout, Asst. Secretary</u> Date <u>2-28-08</u> REGISTERED AGENT MUST SIGN			
9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See Attached		
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 this corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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: <u>Karen A. Kosuda</u> Karen A. Kosuda, Asst. Secretary <u>2/26/08</u> <u>440-4461-5000</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

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**FLORIDA DEPARTMENT OF STATE
CORPORATION REINSTATEMENT
ATTACHMENT TO BLOCK 9 FILED
ON BEHALF OF
PROGRESSIVE ADVANCED INSURANCE COMPANY**

TITLE	NAME OF OFFICER(S) AND/OR DIRECTOR(S)	STREET ADDRESS	CITY/STATE/ZIP
D/P	Christine A. Johnson	300 N. Commons Blvd.	Mayfield Village, OH 44143
D/VP	James R. Haas	300 N. Commons Blvd.	Mayfield Village, OH 44143
D	Scott W. Ziegler	200 Westgate Pkwy Ste. 300	Richmond, VA 23233
D/VP	Caroline M. Koran	300 N. Commons Blvd.	Mayfield Village, OH 44143
D	Alexander S. Ho	300 N. Commons Blvd.	Mayfield Village, OH 44143
S	Michael R. Uth	6300 Wilson Mills Rd.	Mayfield Village, OH 44143
T	Jeffrey E. Briglia	300 N. Commons Blvd.	Mayfield Village, OH 44143
Asst. S	Karen A. Kosuda	6300 Wilson Mills Rd.	Mayfield Village, OH 44143
Asst. T	Scott E. Coleman	6300 Wilson Mills Rd.	Mayfield Village, OH 44143
VP	Mariann W. Marshall	6300 Wilson Mills Rd.	Mayfield Village, OH 44143
VP	Michael J. Moroney	6300 Wilson Mills Rd.	Mayfield Village, OH 44143
Asst. VP	Raymond S. Ling	6300 Wilson Mills Rd.	Mayfield Village, OH 44143

Florida Department of State

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Division of Corporations
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TALLAHASSEE, FLORIDA

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CORPORATION REINSTATEMENT

PROGRESSIVE ADVANCED INSURANCE COMPANY

Certificate of Status	0
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