

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 31 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000020766

1. Corporation Name

Progressive, Functionally-Integrated Technical So-
LUTIONS, INC.

200160135812
08/31/09--01063--013 **600.00

REINSTATEMENT 06-09
CR2E091102/08

2. Principal Office Address - No P.O. Box #
8362 Pines Blvd.

3. Mailing Office Address
8362 Pines Blvd.

Suite, Apt. #, etc.
369

Suite, Apt. #, etc.
369

City & State
Pembroke Pines, FL 33026

City & State
Pembroke Pines, FL 33026

Zip Country
33024-6600 United States

Zip Country
33024-6600 United States

4. Date Incorporated or Qualified
To Do Business in Florida 3/15/1993

5. FEI Number
65-0397634

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
Judi D. Temple

Street Address (P.O. Box Number is Not Acceptable)
1921 NW 104 Avenue

Suite, Apt. #, Etc.

City
Florida Pembroke Pines

State Zip Code
FL 33026

☒ 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 607.0505 or 617.0503, F.S.

Signature of
Registered Agent Judi D. Temple
REGISTERED AGENT MUST SIGN

Date 8/27/09

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
Pres	Judi D. Temple	1921 NW 104 Avenue	Pembroke Pines, FL 33026

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 the 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: Judi D. Temple
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 8/27/09 954-
Daytime Phone # 854-2326