APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
02 OCT 31 PM 4:48

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P93000025053

Progressive Building Maintenance Inc.
~~11310 S. Orange Blossom Trail~~
~~Suite 365~~
~~Orlando, FL 32837~~

2. If Address in Block 1 is incorrect, in any way, enter the correct address below:

Address: 2408 WOODBROOK CT.
City and State: ORLANDO FL Zip Code: 32837

3. If Principle Office Address is different from mailing address, enter address below:

Address:
City and State: REINSTATEMENT 94-01 Zip code:

4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number	FEI Number Applied For	6. $8.75 Additional Fee required for a Certificate of Status
03/01/93	59-3167932	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED [ ]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	NANCY M. JONES	2408 WOODBROOK CT. ORLANDO, FL. 32837	ORLANDO, FL. 32837
SEC. TREAS.	LOWELL D. JONES	2408 WOODBROOK CT.	ORLANDO, FL. 32837
VP	LOWELL S. JONES	3040 SW 177 LN. RD.	OCALA, FL. 34473
VP	DIANE R. JONES	3040 SW 177 LN. RD.	OCALA, FL. 34473
			300004694873--0 -11/27/01--01038--020 ***1800.00 ***1800.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

LOWELL D. JONES
2408 WOODBROOK CT.
ORLANDO, FL. 32837

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

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Street Address (Do NOT Use P.O. Box Number)

City | State: FL | Zip

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Lowell D. Jones — REGISTERED AGENT MUST SIGN

Date: 10/16/01

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [ ] (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [ ] (See other side for information on intangible tax.)

13. 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. 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 Officer or Director: Lowell D. Jones

Date: 10/16/01

Daytime Phone #: 407-856-9331

Typed or printed name of signing officer or director: LOWELL D. JONES