

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000010139

1. Corporation Name

PROGRESSIVE CARE SYSTEMS, INC.

Principal Place of Business

Mailing Address

~~889 GARDENGATE CIR~~
~~PENSACOLA FL 32504~~
~~US~~

3521 EDINBURGH DR
PACE FL 32571
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

~~N/A~~ 3521 EDINBURGH DR.

PACE, FL

32571 US

4. Date Incorporated or Qualified To Do Business in Florida

02/03/1995

5. FEI Number

59-3291913

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ELLIS, GREGORY A	889 GARDENGATE CIR 3521 EDINBURGH DR.	PENSACOLA FL 32504 PACE, FL 32571
VP	CRAIG ROBINSON	889 GARDENGATE CIR 2811 TIGER POINT BLVD	PENSACOLA FL 32504 GULF BREEZE, FL 32561

8. Name and Address of Current Registered Agent

CRAIG ROBINSON
3811 TIGER POINT BLVD
GULF BREEZE FL 32561

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Signature of Registered Agent
REGISTERED AGENT MUST SIGN

Date

12/13/01

11. 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 under section 119.07(3)(i), 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:

Signature of Officer or Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GREGORY A. ELLIS

Date

10/16/01

Daytime Phone #

850
995-4909

CR20040 (8/01)