

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN -7 AM 11:35

DOCUMENT # P96000085429

1. Corporation Name

Progressive United Communications, Incorporated

600010162316
01/16/03--01064--005 **150.00

2. Principal Office Address

607 Cricklewood Terrace

3. Mailing Office Address

607 Cricklewood Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Heathrow, Florida

City & State

Heathrow, Florida

Zip

32746

Country

USA

Zip

32746

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3417006

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

Ava L. Parker

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

101 East Union Street

Suite, Apt. #, Etc.

Suite 200

City

Jacksonville

State
FL

Zip Code

32202

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

Ava L. Parker

REGISTERED AGENT MUST SIGN

Date

12/11/02

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
P	Paschell C. Mix	4118 Paran Pines Drive, NW	Atlanta, Georgia 30327
V	Frank C. Cummings	607 Cricklewood Terrace	Heathrow, Florida 32746
S/T	Martha C. Cummings	607 Cricklewood Terrace	Heathrow, Florida 32746

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 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:

Martha C. Cummings MARTHA C. CUMMINGS 12-15-02 4073330288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)