

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB 13 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000107770**

1. Corporation Name **Progresso Medical Associates, Inc.**

2. Principal Office Address
1044-46 NW 10th Ave.

3. Mailing Office Address
1044-46 NW 10thAAve

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Lauderdale FL

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Fort Lauderdale FL

Zip **33311** Country **U.S.A**

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4. Date Incorporated or Qualified
To Do Business in Florida

12-24-1997

5. FEI Number
650811043

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$38.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Harry Marcelin

Street Address (P.O. Box Number is Not Acceptable)
7529 Grant Court

Suite, Apt. #, Etc.

City
Hollywood

State
FL

Zip Code
33024

800005051488-6
-03/07/02--01011--003
******600.00 ****600.00**

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

Harry Marcelin

Date **02/07/2002**

REGISTERED AGENT MUST SIGN

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
D/P	Harry Marcelin	7529 Grant Court	Hollywood FL 33024
		99-02UBR	

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:

Harry Marcelin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-07-02

Date

Daytime Phone #

888 810-1001

CR2E081 (9/00)

Progresso Medical Associates, Inc.

1044-46 NW 10th Avenue
Fort Lauderdale, Florida 33311

Phone 954-764-0407

February 07, 2002

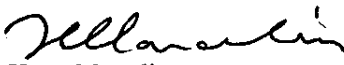
Florida Department of State
Division of Corporations
Tallahassee Florida

RE: Reinstatement of Progresso Medical Associates

Dear Officer

The purpose of my letter today is to request a waiver so that I will not have to pay the full reinstatement fee . I understand that Progresso has been dissolved as far back as the year 1999 . I was never informed by the department of this dissolution nor did I ever receive any such form for an extension or for reapplication . I have spoken with an officer and I was told that in this case the fee would be in the amount of \$ 600.00 . So I am sending this check for the reinstatement of Progresso Medical Associates .

Thank you .


Harry Marcelin