

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION\*  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 MAR -2 AM 10:08

DOCUMENT # 991000102270

1. Corporation Name

Progresso Medical Associates, INC.

2. Principal Office Address - No P.O. Box #

1044-46 NW 10th Avenue

Suite, Apt. #, etc.

City & State

Fort Lauderdale

Zip

FL 33311

Country

USA

3. Mailing Office Address

1044-46 NW 10th Avenue

Suite, Apt. #, etc.

City & State

Fort Lauderdale

Zip

FL 33311

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1997

5. FEI Number  
65-0811043

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

Albert Dacini

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

1044-46 NW 10th Avenue

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33311

☒ 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

*Albert Dacini*

REGISTERED AGENT MUST SIGN

Date 01/19/2009

**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	Harry Marcelin	7529 Grant Court	Hollywood, Florida 33024

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:

*H. Marcelin*

H. MARCELIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01-19-2009

Daytime Phone #

954-764-0408