## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTM Secretary of DIVISION OF COR	of State	09	FILED JAN 20 AM 8: 48	
DOCUMENT # P98000007772  1. Corporation Name PROGRESSIVE MEDICAL GROUP, P.A.				RETARY OF STATE AHASSEE, FLORIDA	
2. Principal Office Address - No P.O. Box # 6712 HANLEY RD. Suite, Apt. #, etc.  City & State 1 Am PA FLOCATION  Zip Country	3. Mailing Office Address 6712 HAN Suite, Apt. #, etc.  City & State TAM/A, Zip	Z Country	01/20/  4. Date Incorp. To Do Busin	3490125	**458.75
Zip 33634 Country USA  7. Name and Address of Current Registered Agent  Name WILLIAM LICHTER  Street Address (P.O. Box Number is Not Acceptable) E712 HANLEY  Suite, Apt. #, Etc.  City  I Ampa  Country USA  Country USA  State Zip Code FL 33634			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 Date 1/15/2009					
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 Director	8	Street Address of Each Officer and/or Director		City / State / Zip	
Pres. Dr. Wicciam Lich	Dr. William Lichter 2936 CANDI		K Way	Palm Hombon,	FT 34684
REINSTATEMENT					
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 filling 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Dayline Phone #					
TO THE STATE OF TH					

## Progressive Medical Group, P.A. 6712 Hanley Road Tampa, Florida 33634 813.885.6001

wlichter@tampabay.rr.com

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Enclosed is my Corporation Reinstatement application. I have enclosed a check for \$458.75. This is to cover the Annual Report fees for 2007, 2008 and 2009 as well as the \$8.75 fee for a Certificate of Status.

This came about, I'm sure as a result of the fact that my regular mailman retired in late 2007 and we are located in a shopping center where there are multiple suites that are all addressed 6712A, 6712B, etc. Over the past 18 months several of these suites have gone vacant. Previously, at times, our mail would be delivered to the wrong suite, but the tenant would walk the mail into our office. Now that these are vacant, some of our mail seems to evaporate.

I hope we are now squared away. Please let me know if there is anything else I need to do regarding this matter to get our corporate status correct.

Thank You,

William Lichter President