

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 29 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000012575

1. Corporation Name

Pump & Motor Corporation
DBA Progressive Motors

2. Principal Office Address

3921 S.W. 47th Ave

Suite, Apt. #, etc.

Suite 1001

City & State

Dade FL

Zip

33314

Country

USA

3. Mailing Office Address

P.O. Box 292341

Suite, Apt. #, etc.

City & State

Dade FL

Zip

33329

Country

USA

900017228019

04/28/03--01137--010 **600.00

4. Date Incorporated or Qualified
To Do Business in Florida

2/99

5. FEI Number

520219158

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Deborah Goldfarb

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

191 Lakewood Dr.

Suite, Apt. #, Etc.

St. Lande Lake FL

City

State
FL

Zip Code

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

Deborah Goldfarb

REGISTERED AGENT MUST SIGN

Date 4-14-03

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

<u>President</u>	<u>Deborah Goldfarb</u>	<u>191 Lakewood Dr.</u>	<u>St. Lande Lake FL</u>

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:

Deborah Goldfarb / DEBORAH GOLDFARB

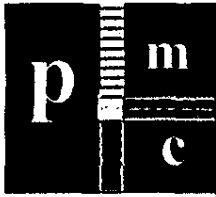
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-14-03

Daytime Phone #

CR2E081 (10/02)



Progressive Maintenance Company

3921 S W 47th Ave, Suite 1001, Davie, FL 33314

Tel: 954 727 0292 Fax: 954 727 0293

4-14-03

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

To Whom It May Concern:

I'm writing to request that an except be made in the reinstatement fees, required with this form.

In October of 1999 I had a loss of a child as well as a partner in business, I've enclosed a copy of the death certificate. For the last two years I've spent in legal Mombo, jumbo, along with dealing with a loss, and have paid very little attention to business at hand.

A few weeks ago I went on the web to check some corporate information, only to find that Pump & Motor Corp is listed as inactive. I'm sure forms were sent, however I don't remember receiving them. I've gone ahead and filled in this form that I requested. I'm also sending in a check. Please advise if this request can't be granted and the actual dollar amount that is required.

Thanking you in advance,
Deborah Goldfarb

Deborah Goldfarb
enclosure