

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000069129

1. Corporation Name

PROGRESSIVE MEDICAL, INC.

Principal Place of Business

2828 S TAMiami TRAIL  
SARASOTA FL 34239

Mailing Address

2828 S TAMiami TRAIL  
SARASOTA FL 34239

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/28/1999

5. FEI Number

65-0939742

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	Eleanor McComb	2828 S. TAMiami TRAIL	Sarasota Florida 34239

400003782624--1  
-02/27/01--01077--007  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

~~McComb, William~~  
Feil, Lori  
2828 S TAMiami TRAIL  
SARASOTA FL 34239

9. Name and Address of New Registered Agent

Name  
~~Deanne McComb~~ LORI FEIL  
Street Address (P.O. Box Number is Not Acceptable)  
2828 S. TAMiami TRAIL  
Suite, Apt. #, Etc.  
City  
Sarasota  
State  
FL  
Zip Code  
34239

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 2/16/01

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/01

Date


(941)957-0200

Daytime Phone #

CR2E040 (8/00)

# M PROGRESSIVE MEDICAL

2828 S. Tamiami Trail  
Sarasota, Florida 34239

  
(941) 957-0200  
Fax: (941) 953-7883

February 19, 2001

Florida Department of State  
Katherine Harris, Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: P99000069129

To whom it may concern,

We recently received the enclosed "Application for Reinstatement" regarding the above referenced document# for the corporation of Progressive Medical, Inc. After speaking with Tyrone in your office, he explained that our previous submission check had been cashed for the year 2000 and that additional information had been requested by your office however, we never received said request.

We would like for you to please reprocess our application and waive the reinstatement fees as this seems to be a mailing type error. In addition, we have enclosed are fees for the 2001 year for our corporate filings.

\*I will follow up to ensure that you have received all information needed and to check on the status of our request.

Thanking you in advance for your consideration in this matter.

Sincerely,



Lori K. Feil  
Office Manager

:lf

Enclosures: Application for reinstatement Document # P99000069129  
Check # 2570 for 2001 fees