

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Rather than Secretary of State
DIVISION OF CORPORATIONS



99 PR

FILED

99 OCT 15 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000027775**

1. Corporation Name

POLO AUTO SALES ENTERPRISE, INC.

Principal Place of Business

Mailing Address

~~10545 N.W. 27TH AVE.
MIAMI FL 33147~~

~~10545 N.W. 27TH AVE.
MIAMI FL 33147~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/07/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0572019

Applied For

Not Applicable

City & State
Miami FL

City & State
Miami FL

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Zip **33147**

Country **DADE**

Zip **33147**

Country **DADE**

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
PD	DUARTE, EMILIA	3877 N.W. 103RD ST.	MIAMI FL 33147
STD	DUARTE, FRANCISCO	3875 N.W. 103RD ST.	MIAMI FL 33147

100003021741--7
-10/22/99--01012--008
****150.00 ****150.00

8. Name and Address of Current Registered Agent

DUARTE, FRANCISCO
3875 N.W. 103RD ST.
MIAMI FL 33147

9. Name and Address of New Registered Agent

Name **DUARTE FRANCISCO**
 Street Address (P.O. Box Number is Not Acceptable)
10591 NW 27 AVE.
 Suite, Apt. #, Etc.
 City **MIAMI** State **FL** Zip Code **33147**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent *Francisco Duarte*
 REGISTERED AGENT MUST SIGN

Date **10-12-99**

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)(l), 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 *Emilia Duarte*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # **305-835-8500**

2

Pianelli & Associates, Inc.
1470 - U NW 107 Avenue
Miami, Florida 33172
(305) 477-3726
Fax: (305) 392-2554

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

October 13, 1999

Re: Polo Auto Sales Enterprise, Inc.
Document # P95000027775

Dear Sirs;

As per our conversation with the reinstatement department, enclosed is the application for reinstatement along with a check in the amount of \$ 150.00. We have also made the necessary changes on the reinstatement in order to rectify the mailing address. The address that is on record as 10545 NW 27th Ave, Miami, Florida 33147 has been changed by the Postmaster to 10591 NW 27th Ave, Miami, Florida 33147 and subsequently we did not receive our annual report back in February. We are now aware that the report is due by May 1st of every year. We are asking for a 1 time waiver on the late charges for the corporate renewal.

Thank you for your help.

Sincerely,


Frances Pianelli