

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F94000001821

1. Corporation Name

POLAM OVERSEAS, LTD., INC.

Principal Place of Business

557 LEONARD STREET  
BROOKLYN NY 11222

Mailing Address

557 LEONARD STREET  
BROOKLYN NY 11222

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

04/11/1994

5. FEI Number

NOT-APPLICABLE

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status



500009519425  
12/16/02--01035--008 \*\*750.00

FILED

02 DEC 31 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VSTC	MURAWSKI, TIMOTHY	557 LEONARD STREET	BROOKLYN NY 11222

REINSTATEMENT 02

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8. Name and Address of Current Registered Agent

PAOLILLO JOHN CPA  
755 MAIN STREET  
DUNEDIN FL 34698

9. Name and Address of New Registered Agent

Name

Timothy MURAWSKI

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

5901 NORTH OCEAN DRIVE

Suite, Apt. #, Etc.

APT 3

City

HOLLYWOOD

State

FL

Zip Code

33019

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

12/10/02

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

Date

Daytime Phone #

SIGNATURE REQUIRED  
Timothy MURAWSKI 12/10/02 718 389 7600

CR2E040 (8/02)