

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF STATE SECRETARY OF STATE  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS

DOCUMENT # **F97000004346**  
 1. Corporation Name  
**POLISAR GROUP, INC.**

Principal Place of Business Mailing Address  
**1500 LOCUST ST STE 12 E PHILADELPHIA PA 19102-4415**  
**1500 LOCUST ST STE 12 E PHILADELPHIA PA 19102-4415**



**10/2**  
**FILED**  
 01 NOV -2 PM 1:24  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

2. New Principal Office Address, If Applicable  
**10004 E. Bay Harbor Dr Suite, Apt. #, etc. 10**  
 City & State **BAY HARBOR ISLAND, FL**  
 Zip **33154** Country **USA**

3. New Mailing Office Address, If Applicable  
**PO Box 6257**  
 Suite, Apt. #, etc.  
 City & State **Surfside, Florida**  
 Zip **33154** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida **08/19/1997**

5. FEI Number **23-2837482** 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
CPD	POLISAR, JONATHAN M	<del>36 RIVERSIDE DR</del> <b>10000 W. BAY HARBOR DR</b>	<del>NEW YORK NY 10023</del> <b>BAY HARBOR ISLAND, FL 33154</b>

8. Name and Address of Current Registered Agent  
**POLISAR, JONATHAN M**  
**10000 W BAY HARBOR DR STE 403**  
**BAY HARBOR ISLAND FL 33154**

9. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
**FL**

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 *Jonathan M Polisar* **SIGNATURE REQUIRED** Date 10/31/01  
 REGISTERED AGENT MUST SIGN

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: *Jonathan M Polisar* **SIGNATURE REQUIRED** Date 10/31/01 Daytime Phone #  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED040 (8/01)



The Polisar Group

2062

PO Box 6257  
Surfside, Florida 33154  
305-868-8684  
[pgi@polisar.com](mailto:pgi@polisar.com)

October 31, 2001

Florida Department of State  
Katherine Harris  
Secretary of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Dear Ms. Harris,

I received your notice of Administrative Dissolution and application for reinstatement in the mail today. This notice was finally forwarded to my office in Florida.

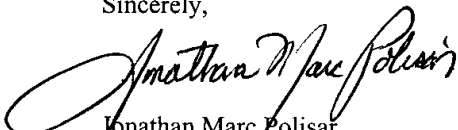
I called your office today and was told by Tyrone that I should write a letter stating that we never received any previous notices and would like to have our status reinstated.

I have changed my mailing address several times during the year and most of my mail has not been forwarded on a timely basis.

The original mailing address was 1530 Locust Street, Philadelphia, PA 19102; we then changed to PO Box 43559, Philadelphia, PA 19106; and then PO Box 22652, Philadelphia, PA 19110. Since I have moved my main office to Florida, we have again changed our mailing address to PO Box 6257, Surfside, Fl 33154.

I hope you will understand and waive the \$600 reinstatement fee. I am enclosing a check for the original \$150.00 fee plus \$8.75 for the Certificate of Status totaling \$158.75.

Sincerely,

  
Jonathan Marc Polisar  
President and CEO