

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
98 AR
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
 AND
 FILED

98 DEC 14 PM 1:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # J60577

1. Corporation Name

POLYMER TECHNOLOGIES, INC. OF DESOTO CO.

Principal Place of Business

Mailing Address

P.O. BOX 568
 HIGHWAY 17 SOUTH
 NOCATEE FL 33864-0568

P.O. BOX 568
 HIGHWAY 17 SOUTH
 NOCATEE FL 33864-0568



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/06/1987

5. FEI Number

59-2873344

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	NOLAN, JOANNA	12946 SW DAVID DR	ARCADIA FL
VS	SANTIAGO, LEXIE	12946 SW DAVID DR	ARCADIA FL

200002718822 4
 -12/22/98-01038-014
 ***150.00 ***150.00

12/2/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NOLAN, JOANNA
 12946 SW DAVID DR
 ARCADIA FL 34226

Name

Joanna Nolan

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

12946 S.W. David DR.

Suite, Apt. #, Etc.

City

Arcadia

State

FL

Zip Code

34226

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

SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date 12-9-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-9-98
 Date

800-356-7378
 Daytime Phone #

CR2E040 (9/98)