

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K98224

1. Corporation Name

POLUR CAPITAL AND MANAGEMENT CO.

Principal Place of Business

14170 SPOONBILL LN
CLEARWATER FL 34622
US

Mailing Address

P. O. BOX 16145
TAMPA FL 33679
US

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

2. New Principal Office Address, If Applicable

10161 49th St N
Suite, Apt. #, etc. Unit W

3. New Mailing Office Address, If Applicable

14170 Spoonbill LN
Suite, Apt. #, etc.

City & State
Pinellas Park FL

City & State
Clearwater FL

Zip 33782 Country Pinellas

Zip 33762 Country Pinellas

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
PST D	POLUR, LAWRENCE	14170 SPOONBILL LANE	CLEARWATER FL
D	POLUR, SHARI	4910 LYFORD CAY RD.	TAMPA FL
D	POLUR, LIA	4910 LYFORD CAY RD.	TAMPA FL
D	POLUR, LAWRENCE	14170 SPOONBILL LANE	CLEARWATER FL

000004588560--5
-09/14/01--010448012
***1350.00 ***1350.00

8. Name and Address of Current Registered Agent

POLUR, LAWRENCE
14170 SPOONBILL LANE
CLEARWATER FL 34622

9. Name and Address of New Registered Agent

Name POLUR, Lawrence
Street Address (P.O. Box Number is Not Acceptable)
14170 SPOONBILL LN
Suite, Apt. #, Etc.
City Clearwater State FL Zip Code 33762

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

Lawrence Polur REGISTERED AGENT MUST SIGN

Date

8/29/01

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)(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: *Lawrence Polur*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/01

Daytime Phone #

727 540 0607

FILED

01 SEP -4 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

9701

4. Date Incorporated or Qualified To Do Business in Florida 06/27/1989

5. FEI Number 59-2957776

Applied For
Not Applicable

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

CR2E040 (6/97)