

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 29 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L000000003816

1. Limited Liability Company's Name

Polara, LLC

2. Principal Office Address

1070 Shaffer Trail

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Oviedo, FL

City & State

Zip

32765

Country

USA

Zip

Country

REINSTATEMENT 2001

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

April 4, 2000

6. FEI Number

59-3645015

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Tilsi K Noriega-Hagan, President

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

1070 Shaffer Trail

Suite, Apt. #, Etc.

City

Oviedo

State

FL

Zip Code

32765

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Tilsi K Noriega-Hagan

REGISTERED AGENT MUST SIGN

Date

Oct. 24, 2001

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
VP	Florencio Hernandez	11250 Point Sylvan Cir. #H Orlando, FL 32825	Orlando, FL 32825
	University of Central Florida	4000 Central Blvd. Orlando, FL 32816	Orlando, FL 32816
			600004670226--6
			-11/07/01--01014--002
			*****50.00 *****50.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Tilsi K Noriega-Hagan

Date 10.24.01

Daytime Phone # 407.359.1460

Typed or printed name of signing Managing Member/Manager

Tilsi K Noriega-Hagan, President

CR2ED41 (9/01)