

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # LO10000008550

1. Limited Liability Company's Name

Poly Sales & Marketing LLC

2. Principal Office Address

1333 North Duval St.

Suite, Apt. #, etc.

3. Mailing Office Address

1333 North Duval St.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32302

Country

Zip

32302

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

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

Florida Filing & Search Services, Inc.

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

1333 North Duval St.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32302

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

PAUL HODGE

Date

REGISTERED AGENT MUST SIGN

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
MGR	Jura Management LLC	1000 Connecticut Ave. NW, Ste. 1020	Washington, DC 20036

REINSTATEMENT

2003

200025462632

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

Date 12-11-03

Daytime Phone# 302-421-5750

Typed or printed name of signing Managing Member/Manager

Janet M. Caruccio, Attorney-in-fact

CR2E041 (10/02)

L010000008550

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

PHONE: (850) 668-4318 FAX: (850) 668-3398

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DATE: 12-12-03

NAME: POLY SALES & MARKETING, LLC

TYPE OF FILING: REINSTATEMENT

COST: \$ 150<sup>00</sup>

9/12

RETURN: 

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

