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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000020960

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 NOV -8 AM 9:36

1. DOCUMENT # L01000020960

Name and Mailing Address

0004033 01 FP 0.352 **PRSRT T3 0 0615 33414-732029

HALO POLO LLC
3629 AIKEN COURT
WELLINGTON FL 33414-7320

REINSTATEMENT 2002

CR2E084 (8/02)

2. New Mailing Address City, State, Zip	**4.** State/Country of Formation FL **5.** Date Organized or Qualified To Do Business in Florida 11/30/2001
Principal Place of Business 3629 AIKEN COURT WELLINGTON FL 33414 **3.** New Principal Place of Business Address City, State, Zip	**6.** FEI Number 31-1813751 ☐ 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	**9.** Name and Address of New Registered Agent
MELISSA POTAMKIN GANZI 3629 AIKEN COURT WELLINGTON FL 33414	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

10. 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 Melissa Potamkin Ganzi Date 10/30/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MELISSA POTAMKIN GANZI	3629 AIKEN COURT	WELLINGTON FL 33414
		000008886360 11/08/02--01044--005 **150.00	

REINSTATEMENT 2002

12. 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 Melissa Potamkin Ganzi Date 10/30/02 Daytime Phone # 561-373-0303

Typed or printed name of signing Managing Member/Manager