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(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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COVER LETTER

Ι	Registration Section Division of Corporations					
SUBJEC'	T: Polaris Cars,LLC					
освоно	Name of Limited Liability Company					
	sed Statement of Revocation of Dissolution for filing.	for Florida Limit	ed Liability Company and fee(s) are			
Please reti	urn all correspondence concerning this matte	er to:				
Faina Uch	nitel					
	Contact Person		_			
Polaris Ca	ars,LLC					
	Firm/Company		_			
17150 N.I	Bay RD #2306					
	Address		_			
Sunny Islo	es Florida 33160					
	City, State and Zip Code		_			
fainauchit	el@sbcglobal.net					
E-mai	I address: (to be used for future annual repo	rt notification)	_			
For furthe	r information concerning this matter, please	call:				
Faina Uch	nitel	at (440)	336-1646			
N	Name of Contact Person	Area Code	Daytime Telephone Number			
R E C 2	ETREET ADDRESS: Registration Section Division of Corporations Clifton Building 1661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314			

STATEMENT OF REVOCATION OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1.	Polaris Cars,LLC The name of the company is:	<u>-</u>		
2.	The document number of the company is			_
3.	09/08/2016 The effective date the Dissolution was filed is			
4.	The revocation of dissolution was authorized on		S	
5.	A copy of the Articles of Dissolution is attached.		PIL PH	ilian and and a second and a se
	Signature of person authorized to submit the revocation of dissolution	- F. 1744	12:54	***************************************

Filing Fee: \$10

\$100.00

Certified Copy: \$30.00 (optional)