PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

900344211249
05/27/20--01014--017 **88.75

900344211249
05/04/20--01023--003 **243.75

DOCUMENT # L18000227025

1. Limited Liability Company's Name
THE POLAR BOYS LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
15860 SW 106 ter	15860 SW 106 ter
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33196 Country: U.S	Zip: 33196 Country: U.S

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 09/27/2018

8. FEI Number: 83-2038267 ☐ 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: UNITED STATES CORPORATION AGENTS, INC.

Street Address (P.O. Box Number is Not Acceptable) Suite: 5575 S. SEMORAN BLVD

Apt. # Etc: SUITE 36

City: ORLANDO State: FL Zip Code: 32822

2020 APR 27 PM 2:

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Cheyenne Moseley, Asst. Secretary on behalf of United States Corporation Agents, Inc. Date: 4/21/2020

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	KARNER, JAKE	15860 SW 106 TER	MIAMI, FL 33196
MGR	BAQUERIZO, ANDRES	10278 SW 145 ct	Miami, FL 33186
MGR	ZAMBRANA, ANDRES	16278 SW 95 lane	MIAMI, FL 33196
MGR	GONZALEZ, ALEJANDRO	10130 SW 132 ave	Miami, FL 33186

MAY 28 2020

11. E-mail Address: CONTACT@THEPOLARBOYS.COM
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: Date: 04/17/2020 Daytime Phone #: 305-338-4154

Typed or printed name of signing authorized representative/member: JAKE KARNER