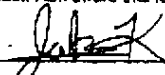


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L18000227025			
1. Limited Liability Company's Name THE POLAR BOYS LLC			
2. Principal Office Address - No P.O. Box # 15860 SW 106 ter		3. Mailing Office Address 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			
6. 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
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 Representative/Manager	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			