

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA
Department of Banking and Finance
Secretary of State
DIVISION OF CORPORATIONS

L99000003009

FILED

1. DOCUMENT # L99000003009

Name and Mailing Address

02 NOV -5 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0006097 01 FP 0.352 **PRSRT T9 D 0615 32254-570000



POLYCORR LEASING L.L.C.
6800 SUEMAC PLACE
JACKSONVILLE FL 32254-5700



2. New Mailing Address

City, State, Zip

Principal Place of Business

6800 SUEMAC PLACE
JACKSONVILLE FL

3. New Principal Place of Business Address

7800 Belfort Pkwy Ste 165
City, State, Zip

Jacksonville FL 32256

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

05/24/1999

6. FEI Number

59-3571077

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

VOLPE, TIMOTHY W
1301 RIVERPLACE BLVD., 1700
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

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

Timothy W. Volpe
REGISTERED AGENT MUST SIGN

800008814198

11/05/02-01108--010 **150.00

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	BUTTNER, EDWARD W IV	7800 BELFORT PARKWAY SUITE 185	JACKSONVILLE FL 32258
MGRM	CROPPER, M S	189 GOVERNORS ROAD	PONTE VEDRA BEACH FL 32982
MGRM	POWELL, F C III	3947 BOULEVARD CENTER DRIVE	JACKSONVILLE FL
MGRM	VOLPE, TIMOTHY W	3947 BOULEVARD CENTER DRIVE	JACKSONVILLE FL

REINSTATEMENT

2002 AK

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

Ed Buttner

Date

10-28-02

Daytime Phone #

(904) 281-0080

Typed or printed name of signing Managing Member/Manager

EDWARD W. BUTTNER IV

CR2E084 (8/02)