

2002-2003

192

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT <i>llcr</i>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 2003 APR -2 PM 12:18 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA 700015047487 04/02/03--01004--011 **150.00	
DOCUMENT # M01000000196 1. Limited Liability Company's Name POLAR BAY COMPANIES, L.L.C.					
2. Principal Office Address 4387 WESTROADS DR. Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.		4. State/Country of Formation OH	
City & State WEST PALM BEACH FL		City & State		5. Date Organized or Qualified To Do Business in Florida 01/25/01	
Zip 33407-1205	Country	Zip	Country	6. FEI Number 34-1939310	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name BOGART, MICHAEL					
Street Address (P.O. Box Number is Not Acceptable) 4387 WESTROADS DR.					
Suite, Apt. #, Etc.					
City WEST PALM BEACH		State FL	Zip Code 33407-1205		
9. 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 <i>[Signature]</i> Date 2-1-03 REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
MGR/MEM	MICHAEL BOGART	4387 WESTROADS DR.		WEST PALM BEACH, FL	
				33407-1205	
11. 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 608.408, 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 <i>[Signature]</i> Date 2-1-03 Daytime Phone # 561-844-8811					
Typed or printed name of signing Managing Member/Manager MICHAEL BOGART					

292

FILED

2003 APR -2 PM 12:18

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NEVER RECEIVED
RENEWAL LETTER