

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 NOV 20 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M87500

1. Corporation Name

POLYMER COMPOUNDS, INC.

Principal Place of Business

Mailing Address

1320 S DIXIE HWY
SUITE 701
CORAL GABLES FL 33146
US

1320 S DIXIE HWY
SUITE 701
CORAL GABLES FL 33146
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

98

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/21/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0067586

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	XAVIER, SIMON	1320 S DIXIE HWY, STE 701	CORAL GABLES FL
VP	SIMON, JAIME	1320 S DIXIE HWY., STE 701	CORAL GABLES FL
VP	GBONZALEZ, ANNIE	0/0 25 SE 2ND AVENUE, SUITE #900	MIAMI FL
			200002698002--7 -11/30/98--01125--010 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RENE V. MURAI
25 S.E. SECOND AVE.
SUITE 900
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Rene V. Murai

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 4/13/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on Intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rene V. Murai (Signature)
RENE V. MURAI (Typed Name)

Date

4/13/98

Daytime Phone #

305-666-6568

CR2E040 (6/98)