

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 18 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P00000052823**

1. Corporation Name

Polly Restaurant Inc.

2. Principal Office Address

7909 NW 2nd Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33126

Country

Miami-Dade

3. Mailing Office Address

2375 SW 24 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33126

Country

Miami-Dade

REINSTATEMENT 01-03

200025538482
12/16/03--01073--010 **450.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-1012698

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Lee, Lailay

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

7909 NW 2nd Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33126

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

☒

[Signature]

REGISTERED AGENT MUST SIGN

Date

12-11-03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Lee, Lailay	2375 SW 24 Street	Miami, FL 33145
D	Ng, Sik Kee	2375 SW 24 Street	Miami, FL 33145

10. 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)(i), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 11-03 (305) 262-7773

Date

Daytime Phone #

CR20081 (9/01)

Polly Restaurant Inc.
7909 NW 2nd Street
Miami, FL 33126
Phone: (305) 262-7773

December 10, 2003

Division of Corporations
Uniform Business Report
P.O Box 1500
~~Tallahassee, FL 32302-1500~~

Dear State Department Officer:

Recently, I discovered that our company did not file the Uniform Business Report. In the past several years, our business mail-box was frequently tempered with. At times, some of our mails were stolen. I remember one morning, all of our letters were lost on the street of the shopping center. The bank statement and cancelled checks were flying in the air, lying on the floor and at the corner of the shopping center. On that day, my son and some of our customers picked up them piece by piece for me. Also, our mails were sometimes delivered to our neighbors, and their mails sometimes were delivered to our address. Therefore, I made some complaints to the USPS delivery persons. I think all prior notices your department sent to us were lost in the same manner. In view of the above-mentioned problem, we request the department to abate all penalties and reinstatement charge. The signed report and past due \$450.00 filling fee is enclosed. To alleviate the mail situation, we are also changing the mailing address to our home address.

Thank you for considering our abatement request and process the attached re-instatement.

Sincerely,

X 
Lai Lay Lee
President