

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000094874					
1. Corporation Name Polar Bear Sales, Inc.					
2. Principal Office Address 1599 NW 13th Ave Suite, Apt. #, etc. City & State Boca Raton, FL Zip 33486 Country USA			3. Mailing Office Address 3101 N. Federal Hwy Suite, Apt. #, etc. Suite 700 City & State Ft. Lauderdale, FL Zip 33306 Country USA		

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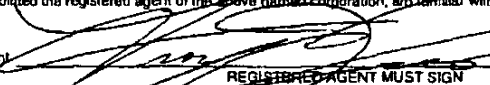
REINSTATEMENT 03-06 RSC

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 10/09/00	
5. FEI Number 65-1045286	☐ Applied For ☒ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ SB 75: Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name London Witte & Company C/O Troy Enos	
Street Address (P.O. Box Number is Not Acceptable) 3101 N. Federal Highway	
Suite, Apt. #, Etc. Suite 700	
City Ft. Lauderdale	State FL
Zip Code 33306	

2000678883382
03/15/06--01011--07 ***450.00

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 	Date 1/19/06

REGISTERED AGENT MUST SIGN

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
President	Gerry Corrigan	1599 N.W. 13th Ave.	Boca Raton, FL 33486

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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 contained in Chapter 119, 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

Date

Daytime Phone #

2-14-06 (601) 495-5952