APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 MAR -6 AM 9:31

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.

W06000005348

REINSTATEMENT 03-06 PSC

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
1599 NW 13th ave	3101 N. Federal Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 700
City & State: Boca Raton, FL	City & State: Ft. Lauderdale, FL
Zip: 33486 Country: USA	Zip: 33306 Country: USA

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 ☐ $8.75 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

200067888382
03/15/06--01011--017 **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
PSD	Gerry Corrigan	1599 N.W. 13th ave.	Boca Raton, FL 33486

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03/15/06--01011--018 **150.00

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: _____ 2-19-06 (561)495-5552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #