

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 OCT -2 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000096262

1. Corporation Name

POLARIS CALA INC.

2. Principal Office Address

7225 NW 25TH ST

Suite, Apt. #, etc.

SUITE 311

City & State

MIAMI FL

Zip

33122

Country

DADE

3. Mailing Office Address

7225 NW 25TH ST

Suite, Apt. #, etc.

SUITE 311

City & State

MIAMI FL

Zip

33122

Country

DADE

700004627367--1

-10/08/01--01079--002

****158.75 ****158.75

4. Date Incorporated or Qualified
To Do Business In Florida

OCT. 12, 2000

5. FEI Number

65-1049359

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

WALTER FITZMAURICE

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

7225 NW 25TH ST.

Suite, Apt. #, Etc.

311

City

MIAMI

State

FL

Zip Code

33122

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

Walter Fitzmaurice

Date OCT 1, 2001

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
P	WALTER FITZMAURICE	7225 NW 25TH ST SUITE 311	MIAMI, FL 33122
			mw

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)(f), 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:

WALTER FITZMAURICE

OCT 1, 2001

Date

Daytime Phone #

305 591

9298

CF2E061 (9/00)

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Polaris Caribbean / Latin America Inc.
7225 N.W. 25th Street, Suite ~~305~~ 311
Miami, Florida 33122
305-591-9298
305-591-9642 fax
walter@polariscala.com

October 1, 2001

Florida Department of State
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

Dear Sir or Madam:

Subject: Request for Waiver of Fees for Reinstatement

We kindly request you waive the late charge for reinstatement of our company, Polaris Cala, Inc., on the grounds that the forms were not mailed to us. Rather, we believe the forms were mailed to our then registered agent. This agent, Ken Wertenberg CPA, did not perform his duties as a registered agent. We were forced to cancel him as our representative.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Walter Fitzmaurice". The signature is fluid and cursive, with a large initial "W" and a long, sweeping underline.

Walter Fitzmaurice
President
Polaris Cala, Inc.