

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 13 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000014999

1. Corporation Name

POLYTEC, INC.

Principal Place of Business

1518 BROOKSBEND DRIVE
WESLEY CHAPEL FL 33543

Mailing Address

1518 BROOKSBEND DRIVE
WESLEY CHAPEL FL 33543



500010062175
01/13/03--01097--021 **150.00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres	Chris G McRae	1518 Brooksbend Road	Wesley Chapel FL 33543
V P	Crystal F McRae	Same	

500010062175
01/13/03--01097--022 **150.00

8. Name and Address of Current Registered Agent

RUSSELL, G.H. JR
9308 OLD PASCO ROAD
WESLEY CHAPEL FL 33544

9. Name and Address of New Registered Agent

Name

Chris G McRae

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

1518 Brooksbend Drive

Suite, Apt. #, Etc.

City

Wesley Chapel

State

FL

Zip Code

33543

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 1.6.03

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1.6.03

Daytime Phone #

CR2040 (8/02)

pg 20^{P-01} 2

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

Re: Polytec, Inc.
P01000014999

I am in receipt of your Notice of Administrative Dissolution for the above referenced corporation.

An application for reinstatement along with the \$150.00 filing fee is enclosed.

I have no record of receiving the prior (original) UBR notices. I respectfully request that you waive the reinstatement fees..

Thank you for your assistance. Please advise if additional information is required.

Yours truly,

CR M. B.

A. C. C. C. C.