

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 OCT 13 AM 8:00

DOCUMENT # **P01000056646**

1. Corporation Name

**POLO WINE & LIQUOR, INC.**

Principal Place of Business

21214 ST. ANDREWS BLVD.  
9  
BOCA RATON FL 33433

Mailing Address

21214 ST. ANDREWS BLVD.  
9  
BOCA RATON FL 33433

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



**REINSTATEMENT**

*03 MRS*

4. Date Incorporated or Qualified  
To Do Business in Florida

06/07/2001

5. FEI Number

65-1114120

Applied For

Not Applicable

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
D	THOMPSON, RICHARD C	21214 ST. ANDREWS BLVD #9	BOCA RATON FL 33433

400023750344  
10/13/03--01065--016 \*\*150.00

8. Name and Address of Current Registered Agent

~~FILINGS, INC.~~  
~~8732 N.W. 16TH STREET~~  
~~FT. LAUDERDALE FL 33311-4132~~

9. Name and Address of New Registered Agent

Name **SONIA R. THOMPSON**  
Street Address (P.O. Box Number is Not Acceptable)  
**5840 TOWN RAY DR**  
Suite, Apt. #, Etc.  
**2-36**  
City **BOCA RATON** State **FL** Zip Code **33486**

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

*Richard C. Thompson*

REGISTERED AGENT MUST SIGN

Date

*Oct. 08/03*

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:

*Richard C. Thompson*

**RICHARD C. THOMPSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*10/8/03/561-347-6761*

Daytime Phone #

CR2E040 (7/03)

**Polo Wine & Liquor Inc.**  
**#9**  
**21214 Saint Andrews Blvd.**  
**Boca Raton, Fl. 33433**

Dept of State  
Div of Corporations

To Whom it may concern:

I did not receive any prior UBR notices.

Sincerely, yours

A handwritten signature in black ink, appearing to read "Rich C. Thompson", with a long horizontal flourish extending to the right.

Richard C. Thompson  
Pres.