

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUN 29 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 001000070473

1. Corporation Name

POLO'S TOTAL MARINE INC.

2. Principal Office Address

13790 SW 139TH COURT

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33186

Country

USA

3. Mailing Office Address

13790 SW 139TH COURT

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33186

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/18/2001

5. FEI Number

NONE

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

SPIEGEL & UTRERA P.A.

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

1840 SOUTHWEST 22 STREET

Suite, Apt. #, Etc.

4TH Floor

City

MIAMI

State

FL

Zip Code

33145

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

R Spiegel
REGISTERED AGENT MUST SIGN

Date

6-27-05

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
PSTD	Polo Jorge	13790 SW 139TH COURT MIAMI FL 33186	MIAMI FL 33186

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-27-05

Daytime Phone #

CR2E081 (01/05)