Request to Please Need Active My Corporation Thank you Sorry

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
[redacted]

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT -9 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200023653912
10/09/03--01006--001 **150.00

DOCUMENT # p02000016363

1. Corporation Name
polos enterprises,inc.

2. Principal Office Address		3. Mailing Office Address	
99610 o/hwy		po box 371825	
Suite, Apt. #, etc.: rest		Suite, Apt. #, etc.	
City & State: key largo Fl		City & State: key largo Fl	
Zip: 33037	Country: usa	Zip: 33037	Country: usa

4. Date Incorporated or Qualified To Do Business in Florida: 02/08/2002

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: Oscar Murguia

Street Address (P.O. Box Number is Not Acceptable): 99610 ov/ hwy / 129 Seaside Key Largo FL 33037.

Suite, Apt. #, Etc.: restaurante

City: key largo State: FL Zip Code: 33037

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: [signature] REGISTERED AGENT MUST SIGN Date: 10/03/2003

CR2E081 (10/02)

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	Oscar Murguia	99610 ov/ hwy	key Largo Fl , 33037
~~T~~	~~Wallys Collado~~ } Sorry		03 4B7[illegible]
~~S~~	~~[illegible]~~		
[illegible]	Wallys Collado	129 Seaside	KL FL 33037

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] Date: 10/03/2003 Daytime Phone #: 1-305 5?21919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR