

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 11 PM 5:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000117531

1. Corporation Name

Polsan, INC

600030252716  
03/11/04--01004--012 \*\*300.00

2. Principal Office Address

135 Yacht Club Way

Suite, Apt. #, etc.

Suite 309

City & State

Hypoluxo, Florida

Zip

Country

3. Mailing Office Address

135 Yacht Club Way

Suite, Apt. #, etc.

Suite 309

City & State

Hypoluxo, Florida

Zip

Country

**REINSTATEMENT**

03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

11/01/2002

5. FEI Number

65-1060779

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

Andrzej Szajnar

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

135 Yacht Club Way

Suite, Apt. #, Etc.

Apt. 309

City

Hypoluxo

State

FL

Zip Code

33462

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

*Andrzej Szajnar*

REGISTERED AGENT MUST SIGN

Date **March 04, 2004**

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|--------|--------------------------------------|---|----------------------|
| Presid | Andrzej Szajnar                      | 135 Yacht Club Way, Apt#309                       | Hypoluxo, FL 33462   |
| Vice   | Pawel Duszczynski                    | 1212 S. Federal Hwy, Apt 8                        | Lake Worth, FL 33460 |
| Direct | Mariusz Gitenis                      | 1212 S. Federal Hwy, Apt 3                        | Lake Worth, FL 33460 |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |

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:

Andrzej Szajnar

*Andrzej Szajnar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/2004

Date

561 236.4705

Daytime Phone #