

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 14 AM 8:00

DOCUMENT # **P02000119373**

1. Corporation Name

POLY'S CARPENTER COMPANY

Principal Place of Business

Mailing Address

2808 SOUTH FORBES RD
 PLANT CITY FL 33567

2808 SOUTH FORBES RD
 PLANT CITY FL 33567

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

2808 S FORBES RD

Suite, Apt. #, etc.
PLANT CITY FL

City & State
PLANT CITY

Zip
33567

Country
USA

Zip
33567

Country
USA

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	RUIZ, APOLONIO	2808 SOUTH FORBES RD	PLANT CITY FL 33567

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RUIZ, APOLONIO
 2808 SOUTH FORBES RD
 PLANT CITY FL 33567

Name
APOLONIO RUIZ
 Street Address (P.O. Box Number is Not Acceptable)
2808 S FORBES RD
 Suite, Apt. #, Etc.
PLANT CITY FL 33567
 City

State
FL Zip Code
33567

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 APOLONIO RUIZ
 REGISTERED AGENT MUST SIGN

Date 10-10-03

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: APOLONIO RUIZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-10-03 Daytime Phone # 813 919 8438

REINSTATEMENT 03



000023794100
 10/14/03--01060--026 **150.00

MRS

CR2E040 (7/03)

To it who it concern

10/9/03

This was my first letter that is receive to renew my

Corporation that's why am only sending \$150.00 dollars Please next time send my letter at this address:

2808 s Forbes RD

Plant City, FL 33567

ATT APOLONIO RUIZ