

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000035758

1. Corporation Name

**POLARAMIA HOLDINGS, INC.**

2. Principal Office Address - No P.O. Box #

11439 PARADISE COVE LN.

3. Mailing Office Address

11439 PARADISE COVE LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WELLINGTON, FL

City & State

WELLINGTON, FL

Zip

33467

Country

Zip

33467

Country

07 DEC 18 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
JN 12-2007

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

03/08/2005

5. FEL Number

34-2058617

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

JOSE A. PONCE

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

11439 PARADISE COVE LN.

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33467

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 12/05/07

**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	JOSE A. PONCE	11439 PARADISE COVE LN.	WELLINGTON, FL 33467
VP	NIURKA PONCE	11439 PARADISE COVE LN.	WELLINGTON, FL 33467

500113217885  
12/18/07--01011--019 \*\*\$900.00

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 contained in Chapter 119, 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

JOSE PONCE

12/05/07

Date

561-37-6252

Daytime Phone #