

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000072441

1. Corporation Name

POLFIX, INC

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

2934 CREEK RD

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33406

Country

USA

3. Mailing Office Address

2934 CREEK RD

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33406

Country

USA

7. Name and Address of Current Registered Agent

Name

MARIAN KOSIOREK

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

2934 CREEK RD

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33406

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 9/14/2009

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
PRES	MARIAN KOSIOREK	2934 CREEK RD	WEST PALM BEACH, FL 33406

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:

Marian Kosiorek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/09

Date

561-968-6758

Telephone Number

FILED

09 SEP 17 PM 3:48

REINSTATEMENT
DATE 09/14/09

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09/17/09--01037--010 **608.75

REINSTATEMENT

06-09

4. Date Incorporated or Qualified To Do Business in Florida 5/9/2005

5. FEI Number 65-1261210

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

☒ 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.

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