

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000096517

1. Corporation Name

POLYART CONSULTING TRADE MANAGEMENT AND INVESTMENT INC.

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

12507 OVERSTREET ROAD

Suite, Apt. #, etc.

City & State

WINDERMERE / FLORIDA

Zip

34786

Country

USA

3. Mailing Office Address

12507 OVERSTREET ROAD

Suite, Apt. #, etc.

City & State

WINDERMERE / FLORIDA

Zip

34786

Country

USA

7. Name and Address of Current Registered Agent

Name

BIRSEN GOKSU-SAVLUK

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

12507 OVERSTREET ROAD

Suite, Apt. #, Etc.

City

WINDERMERE

State

FL

Zip Code

34786

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 04/05/2010

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
PR.	BIRSEN GOKSU-SAVLUK	12507 OVERSTREET RD	WINDERMERE - FL 34786
VP	ERKAN SAVLUK	12507 OVERSTREET RD	WINDERMERE - FL 34786

10. E-mail Address: ebsavluk@gmail.com

(To be used for future annual report notification)

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. I further certify, 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

Birsen Goksu-Savluk

04/05/2010 407-922-7277

Date

Daytime Phone #

FILED

10 JUN 21 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800175183508
04/09/10--01034--018 **150.00

REINSTATEMENT

08-10

4. Date Incorporated or Qualified
To Do Business in Florida 08/29/2007

5. FEI Number
22-3968080

☒ 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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06/21/10--01060--012 **308.75