

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000039840

1. Corporation Name

POLO VIDEO, INC.

Principal Place of Business

Mailing Address

12836 W. FOREST HILL BLVD.
WELLINGTON FL 33414
US

12836 W. FOREST HILL BLVD.
WELLINGTON FL 33414
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/04/1993

5. FEI Number

65-0429048

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PIKE, E. CHARLES	11599 OKEECHOBEE BLVD.	ROYAL PALM BEACH FL 33411
VP	MILLER, MATTHEW	11599 OKEECHOBEE BLVD.	ROYAL PALM BEACH, FL 33411

100004690021--2
-11/20/01--01086--004
****750.00 ****750.00

1/15/15

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PIKE, E. CHARLES
11599 OKEECHOBEE BOULEVARD
ROYAL PALM BEACH FL 33411

Name

MATTHEW - MILLER

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

11599 OKEECHOBEE BLVD.

Suite, Apt. #, Etc.

City

ROYAL PALM BEACH

State

Zip Code

FL

33411

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.

Signature of
Registered Agent

[Signature]

Date

10/18/2001

REGISTERED AGENT MUST SIGN

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/18/2001

Daytime Phone #

561-784-0234

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 PM 1:30

REINSTATEMENT 01

CR20040 (801)