

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 SEP 25 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000011087

1. Corporation Name
Polar Services of Palm Beach, Inc

2. Principal Office Address
432 46th St.

Suite, Apt. #, etc.

3. Mailing Office Address
432 46th St.

Suite, Apt. #, etc.

City & State
West Palm Beach, FL

Zip
33407

Country
USA

City & State
West Palm Beach, FL

Zip
33407

Country
USA

000023337970
09/25/03--01039--025 **1.800.00

4. Date Incorporated or Qualified To Do Business in Florida 02/09/1995

5. FEI Number 65-0555010

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
Michelle K. Fuller

Street Address (P.O. Box Number is Not Acceptable)
432 46th St.

Suite, Apt. #, Etc.

City
West Palm Beach

State
FL

Zip Code
33407

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
Michelle K. Fuller
REGISTERED AGENT MUST SIGN

Date
9-22-03

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
D	Nelson J. Stawson	432-46th St.	W.P.B, FL 33407

REINSTATEMENT 96-03 TS

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 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: Nelson J. Stawson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-22-03
Date

561-863-8464
Daytime Phone #

CR2E081 (10/02)