

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 MAR 20 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000019898

1. Corporation Name

Polystar Industries, Inc.

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

1200 CHARLES STREET

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

Zip

32750

Country

SEMINOLE

3. Mailing Office Address

1200 CHARLES STREET

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

Zip

32750

Country

SEMINOLE

REINSTATEMENT 04-08

CR2E081 (12/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

3-10-95

5. FEI Number

59-3302738

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

SWANN + HADLEY, P.A.

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

1031 W. MORSE BOULEVARD

Suite, Apt. #, Etc.

SUITE 350

City

WINTER PARK

State

FL

Zip Code

32789

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

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
DIR PRES.	HERSHEY FRIEDMAN	1200 CHARLES STREET LONGWOOD, FL 32750	LONGWOOD, FL 32750
	<i>M3/21</i>		000120856270 03/20/08--01047--023 **1350.00

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

03/07/08

Date

514-648-8171

Daytime Phone #