APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State. DIVISION OF CORPORATIONS

99 APR 28 AM II: 15

STATE FLORIDA

DOCUMENT # P95000043715

1. Corporation Name

POLO OFFICE FURNITURE MFG Co., INC

REINSTATEMENT 98-99

Principal Place of Business	Mailing Address

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	4. Date Incorporated or Qualified To Do Business in Florida
3698 ½ NW 16 ST	918 NW 130 TERR	5-30-95
Suite, Apt. #, etc. SUITE A	Suite, Apt #, etc	5. FEI Number 65-0587693 ☐ Applied For ☐ Not Applicable
City & State LAUDERHILL FL	City & State SUNRISE FL	6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**
Zip 33311 Country USA	Zip 33325 Country USA	

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PRES	MIGUEL C MUNESHWAR	918 NW 130 TERR	SUNRISE, FL 33325

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-05/07/99--01132--003
****900.00 ****900.00

8. Name and Address of Current Registered Agent	**9. Name and Address of New Registered Agent**
	Name MIGUEL C MUNESHWAR
	Street Address (P.O. Box Number is Not Acceptable) 918 NW 130 TERR
	Suite, Apt #, Etc
	City SUNRISE · State FL · Zip Code 33325

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 _M C Mune___
REGISTERED AGENT MUST SIGN · Date

11. This corporation owes the current year Intangible Personal Property Tax due June 30.   Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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: _MCMunh_ MIGUEL C MUNESHWAR 4-26-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-327-8283