

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Samuel L. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JAN -2 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000064669**

1. Corporation Name

POLLY'S, INCORPORATED

Principal Place of Business

**5045 SOUTEL DRIVE
#18
JACKSONVILLE FL 32208
US**

Mailing Address

**10921 KEY CORAL DR
JACKSONVILLE FL 32218**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/21/1995

5. FEI Number

59-3337546

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSTD	SMALL, FELTON	10921 KEY CORAL DR	JACKSONVILLE FL 32218
VD	ELDER, VERDIE	7984 IRVING SCOTT DR	JACKSONVILLE FL 32209
VO	Linda Floyd	2233 West 1st St	Jacksonville FL 32208
			3000002391233-7 -01/06/98-01073-010 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

**SMALL, FELTON
10921 KEY CORAL DR
JACKSONVILLE FL 32218**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Felton Small

REGISTERED AGENT MUST SIGN

Date

28 Dec -97

11. This corporation owes or has paid 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:

Felton Small Pres. FELTON SMALL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

28-Dec-97 904-768-7163
Daytime Phone #