

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00-DEC-6 PM 4:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000075876

1. Corporation Name

Polox Import/Export, Inc.
5790-A Fox Hollow Drive
Boca Raton, FL 33486

2. Principal Office Address

5790-A Fox Hollow Drive

Suite, Apt. #, etc.

Boca Raton, FL

City & State

Zip

33486

Country

USA

3. Mailing Office Address

5790-A Fox Hollow Drive

Suite, Apt. #, etc.

Boca Raton, FL

City & State

Zip

33486

Country

USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

10/3/1995

5. FEI Number

650624758

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

Joel Reinstein

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

5355 Town Center Road #801

Suite, Apt. #, etc.

#801

City

Boca Raton, FL 33486

State
FL

Zip Code

33486

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

REGISTERED AGENT MUST SIGN

Date

12/4/00

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
Pres.	Joseph M. Vinci	20864 Cipres Way	Boca Raton, FL 33433

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/00

Date

561-750-8676

Daytime Phone #

KE

CR2E081 (9/99)