

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000079358

1. Corporation Name

Polo Trace Management, Inc.
13397 Hagen Ranch Road
Delray Beach, Florida 33446

Principal Place of Business

Mailing Address

13397 Hagen Ranch Road
Delray Beach, FL 33446

13397 Hagen Ranch Road
Delray Beach, FL 33446

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 Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/95

5. FEI Number

65-0616868

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ ☐

\$8.75 Additional Fee required
for Certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	Joseph Graffeo	13397 Hagen Ranch Road	Delray Beach, FL 33446
DVPT	Joseph Galante	13397 Hagen Ranch Road	Delray Beach, FL 33446
DS	Ira Smolev	13397 Hagen Ranch Road	Delray Beach, FL 33446
DVP	Andrew Inelli	13397 Hagen Ranch Road	Delray Beach, FL 33446
DVPAS	Harriett Rostoff	13397 Hagen Ranch Road	Delray Beach, FL 33446

8. Name and Address of Current Registered Agent

Lloyd Granet, Esquire
5200 Town Center Circle #301
Boca Raton, Florida 33486

9. Name and Address of New Registered Agent

Name 3000020291 13--1
Street Address (P.O. Box Number is Not Acceptable) 13/13/96 01005 001
Suite, Apt. #, Etc. ***208.75 ***208.75
City State Zip Code
FL

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

REGISTERED AGENT MUST SIGN

Date

12/6/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Joseph Graffeo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/6/96 561-994-0233

CR22040 (12/95)