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APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P96000086581

1. Corporation Name
POLYMAN INSURANCE CORP.

Principal Place of Business
2320 NW 103RD ST.
MIAMI FL 33147

2310 NW 103 St

Mailing Address
2320 NW 103RD ST.
MIAMI FL 33147

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
10/21/1996

5. FEI Number
65-0702419

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Rafael A. Rubio	6540 W 12 Lane Hialeah FL 33012	Hialeah Fla 33012
V	Ana M. Rubio	6540 W 12 Lane Hialeah FL 33012	Hialeah Fla 33012
M	Rafael E Rubio	6540 W 12 Lane Hialeah FL 33012	Hialeah Fla 33012

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-11/06/97--01003--008
****100000****165.00

8. Name and Address of Current Registered Agent

RUBIO, RAFAEL A
6540 W. 12ND LN.
HIALEAH FL 33012

9. Name and Address of New Registered Agent

Name
12/A
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
Date 10/27/97
REGISTERED AGENT MUST SIGN

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: Rafael A. Rubio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 10/27/97
Daytime Phone # 305-826-9736

(2)

10/27/97

Sirs:

I, Rafael A. Rubio, am the owner-president and only person in Polymen Insurance Corporation. Due to ZONE VARIANCE reasons, I bought the place on the corner at 2310 NW 103 St Miami Florida 33147. I then rented the house on 2320 NW 103 St and moved my office from 2320 NW 103 St to 2310 NW 103 St. Since that time, I have not received any mail from that address until this week. The people, that I had rented the house to, had never given me any mail concerning anything about the corporation. I had my commission checks mailed to my home address. I never knew anything wrong; or that I had to do concerning the corporation.

I started the corporation in order to start my own auto-insurance agency. I have still not been able to start the agency as of yet so I therefore still have not basically used the corporation for much of anything. I should be starting it within a couple of months so I desperately want to keep the corporation. Please excuse my-negligence-incompetence-ignorance etc. concerning this matter.

It will never happen again as I am now aware
of these responsibilities and what can happen.
Please reinstate my corporation. There will be
no more mistakes.

Thank you

Sincerely,



Label Rubio

Polymen Insurance Corp.