PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 FEB 21 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000086581

1. Corporation Name
POLYMAN INSURANCE CORP.

Principal Place of Business
6540 W 12 LN
Hialeah FL 33012

Mailing Address
6540 W 12 LN
Hialeh. FL 33012

REINSTATEMENT 98-00
DO NOT WRITE IN THIS SPACE

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

2. New Principal Office Address, If Applicable
8268 NW 103 ST.
Suite, Apt. #, etc.
City & State
Hialeah Gardens FL
Zip FL 331018 Country MIAMI DADE

3. New Mailing Address, If Applicable
8268 NW 103 ST
Suite, Apt. #, etc.
City & State
Hialeah Gardens FL
Zip 33018 Country MIAMI DADE

4. Date Incorporated or Qualified To Do Business in Florida

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)

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
PD	RAFAEL A. RUBIO	6540 W 12 LN	HIALEAH FL 33012
VPD	ANA MARK RUBIO	6540 W 12 LN	HIALEAH FL 33012
			100003172031--0 -03/16/00--01023--016 ***1000.00 ****850.00
			100003172031--0 -03/16/00--01023--017 *****50.00 *****50.00

8. Name and Address of Current Registered Agent
RAFAEL A. RUBIO
6540 W 12 LN
HIALEAH FL 33012

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 X _____ Date 2/16/00
REGISTERED AGENT MUST SIGN

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: _____ 2/16/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #