

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

01 DEC -5 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-12/10/01--01108--011  
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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000002842

1. Corporation Name

Polana Development Company

2. Principal Office Address

2015 Delta Blvd.

Suite, Apt. #, etc.

#200

City & State

Tallahassee, FL

Zip

32303

Country

3. Mailing Office Address

Same as

Suite, Apt. #, etc.

Principal

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

01/10/1997

5. FEI Number

593422601

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

David W. Hutcherson

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

2015 Delta Blvd. #

Suite, Apt. #, Etc.

#200

City

Tallahassee

State

FL

Zip Code

32303

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

*David W. Hutcherson*

Date

12-5-01

REGISTERED AGENT MUST SIGN

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
D	David W. Hutcherson	2015 Delta Blvd. #200	Tallahassee, FL 32303
D	Gerhard Sommer	303 N Dawson St.	Thomasville, GA 31792

06-01 UBR TS

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

12-5-01

Date

422-0020

Daytime Phone #

CR2001 (9/00)

## POLANA DEVELOPMENT COMPANY

December 5, 2001

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Reinstatement of Polana Development Corporation

To Whom It May Concern:

Due to an error in the records for our mailing address we did not receive the annual notices for the corporation and neglected to have the corporation kept up to date.

Please consider this our request for your office to waive the penalty fees for our reinstatement.

Should you have any questions or need additional information, give me a call.

Sincerely,

**POLANA DEVELOPMENT COMPANY**



David W. Hutcheson, Director

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