

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -1 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000035455

1. Corporation Name

RL Polese, Inc

6249 NW 17th St

Margate, FL 33063

2. Principal Office Address

6249 NW 17th St

Suite, Apt. #, etc.

City & State

Margate

Zip

33063

Country

Broward

3. Mailing Office Address

6249 NW 17th St

Suite, Apt. #, etc.

City & State

Margate

Zip

33063

Country

Broward

REINSTATEMENT

03-04

**4. Date Incorporated or Qualified
To Do Business in Florida** 04/18/97

5. FEI Number
65-0766208

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
Rita Polese

Street Address (P.O. Box Number is Not Acceptable)
6249 NW 17th St

Suite, Apt. #, Etc.

City
Margate

State
FL

Zip Code
33063

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

R L Polese

REGISTERED AGENT MUST SIGN

Date *8/25/04*

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
P	Rita Polese	6249 NW 17th St	Margate, FL 33063
		<i>8/10/11</i>	
			3000041535473 10/20/04--01039--001 **300.00

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: *R L Polese*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/04 : 954-415-8020

Date

Daytime Phone #

CR2E081 (01/04)

RL Polese, Inc
6249 NW 17th St
Margate, FL 33063
(954) - 415-8020

To: FL Dept of State

I am applying for a reinstatement of my Corp. which was administratively dissolved. I am trying to have the reinstatement fee removed if possible. I was not aware until recently that my Corp was even dissolved. All correspondence was being sent to my agent, Howard Newman & I was under the impression that he was filing my Annual Reports on time as he had always done before. However, because of poor health, Mr Newman failed not only to file my last 2 reports, but also failed to notify me of this. Because of this, he is no longer my agent, and I would like all future notices & correspondence to go to the address listed on the Reinstatement Form. If you have any questions, I can be reached at the above #.

Thank You
Rita L Polese
Rita Polese Pres.
et al