


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION 	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
	DOCUMENT # P97000081584 1. Corporation Name POLAN CORP.

FILED
 01 JUN 18 PM 2:46
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Office Address PO BOX 331894 Suite, Apt. #, etc. City & State MIAMI, FL Zip 33233-1894 Country USA		3. Mailing Office Address 5550 SW 87TH AVENUE Suite, Apt. #, etc. City & State MIAMI, FL Zip 33165 Country USA	
--	--	---	--

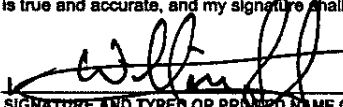
4. Date Incorporated or Qualified To Do Business in Florida 09/19/97	
5. FEI Number 65-0783096	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name WILLIAM E. STEWART		
Street Address (P.O. Box Number is Not Acceptable) 5550 SW 87TH AVENUE		
Suite, Apt. #, Etc.		
City MIAMI	State FL	Zip Code 33165

300004458125
 -07/03/01--01059-016
 *****300.00 *****00.00

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	Date
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
PD	WILLIAM E. STEWART	5550 SW 87TH AVENUE	MIAMI, FL 33165

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)(b) 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: 	WILLIAM E. STEWART-PRESIDENT 06/13/01 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)

DD-01 18

POLAN CORP.
5550 SW 87th Avenue
Miami, FL 33165

Miami, May 30, 2001

**Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314**

**Re: Polan Corp.
Doc # P97000081584**

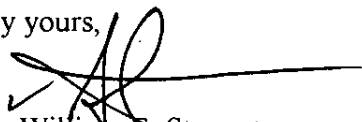
Dear Sir/Madam;

Enclosed please find hereto a check for \$300.00 to cover annual report fee for CY 2000 & 2001 to activate above Corporation. We did not receive the yearly renewal form, due to a change in our mailing address and undeliverable have forgotten about it.

I am writing your Office to ask if you could wave the reinstatement fee of \$550.00, since we have always filed and paid our federal and state taxes on time. I sincerely hope that you would take this into consideration.

Thank you.

Very truly yours,


William E. Stewart
President