

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 15 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **998000023835**

1. Corporation Name

Polos Billiards of Sanford, Inc.

2. Principal Office Address

3111 Orlando DR

Suite, Apt. #, etc.

City & State

Sanford FL

Zip

32773

Country

USA

3. Mailing Office Address

3111 Orlando DR

Suite, Apt. #, etc.

City & State

Sanford FL

Zip

32773

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

☒ 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

FRANK Sobolewski

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

226 Vinewood DR

Suite, Apt. #, Etc.

City

Sanford FL

State

FL

Zip Code

32773

200003140522-6

-02/18/00--01105--014

*****917.50 ***917.50**

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

L Frank Sobolewski

REGISTERED AGENT MUST SIGN

Date **2-15-00**

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
Pres	L. Frank Sobolewski	226 Vinewood DR	Sanford, FL 32773
V. Pres.	Ryan York	1039 Silcox Branch CIR	Oviedo, FL 32765

REINSTATEMENT 99-0011TS

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:

L Frank Sobolewski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-00 407-322-2277

Date

Daytime Phone #

CR2E081 (9/99)