

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 DEC 22 PM 4:49

DOCUMENT # P99000098493

1. Corporation Name

POLY TRADE SERVICES CORP.

2. Principal Office Address - No P.O. Box #

1897 Palm Beach Lakes Blv

3. Mailing Office Address

1897 Palm Beach Lakes Blv

Suite, Apt. #, etc.

SUITE 226

Suite, Apt. #, etc.

SUITE 226

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33409

Country

USA

Zip

33409

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/1999

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

Corporate Creations Network Inc.

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

11380 Prosperity Farms Rd.

Suite, Apt. #, Etc.

#221E

City

Palm Beach Gardens

State

FL

Zip Code

33410

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Taide Baez, VP

REGISTERED AGENT MUST SIGN

Date 12/19/08

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	KEVIN SMITH	1897 Palm Beach Lakes Blv	WEST PALM BEACH, FL
		SUITE 226	33409

000139351350
12/30/08--01020--001 **1350.00

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 contained in Chapter 119, 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

by A Howard as atty in fact

Date

12/19/08

Daytime Phone #

(561)

694.8107

KS