

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 28 PM 2:38

DOCUMENT # V00256

1. Corporation Name

POLISH IT UP, INC.

Principal Place of Business

Mailing Address

~~C/O KTO&S REGISTERED AGENT CORPORATION~~  
~~100 SE 2ND ST 20 FLOOR~~  
~~MIAMI FL 33131~~  
~~US~~

~~C/O KTO&S REGISTERED AGENT CORPORATION~~  
~~100 SE 2ND ST 20 FLOOR~~  
~~MIAMI FL 33131~~  
~~US~~



REINSTATEMENT 01-02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4264 S.W. 70TH TERRACE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

Zip

33314

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/05/1991

5. FEI Number

65-0308875

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<del>DP</del>	<del>BENITEZ, JOSEPH M.</del>	<del>15450 SW 47 ST</del>	<del>MIAMI</del>
DP	ROBINSON, PHILIP R.	4264 S.W. 70TH TERRACE	DAVIE FL 33314
D	ROBINSON, BRENDA LEA	4264 S.W. 70TH TERRACE	DAVIE FL 33314

600005254166--5  
-04/11/02--01058--003  
\*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent

~~KTO&S REGISTERED AGENT CORPORATION~~  
~~100 SE 2ND ST~~  
~~20 FLOOR~~  
~~MIAMI FL 33131~~

9. Name and Address of New Registered Agent

Name

PHILIP R. ROBINSON

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

4264 S.W. 70TH TERRACE

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33314

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

MARCH 23, 2002

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

MARCH 23, 2002

Daytime Phone #

(785) 277-2531

CR2040 (8/01)