


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 DEC -9 AM 9:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # V53070 1. Corporation Name POLIN FINANCIAL SERVICES, INC.					
Principal Place of Business 6846 TRAIL BWD. NORTH NAPLES, FL 34108		Mailing Address SAME			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		4. Date Incorporated or Qualified To Do Business in Florida 7/23/92 5. FEI Number 59-3134803 Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$6.75 Additional Fee is 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)					
1	Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip	
D		POLIN, William R.	6846 TRAIL BWD N.	NAPLES, FL 34108	
D		POLIN, VALERIE	6846 TRAIL BWD N.	NAPLES, FL 34108	
000003077830--2 12/22/99--01047--007 ***1050.00 ***1050.00					
8. Name and Address of Current Registered Agent William R. Polin 6846 TRAIL BWD N. NAPLES, FL 34108			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code		
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 <i>Wm R Polin</i> Date 11/27/99 REGISTERED AGENT MUST SIGN					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. 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: <i>Wm R Polin</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 11/27/99 Daytime Phone #		

CPE081 (12/98)

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