2019 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N09000004901

Entity Name: POLIS INSTITUTE, INC.

Current Principal Place of Business:

1030 W. KALEY AVE ORLANDO, FL 32805

Current Mailing Address:

PO BOX 560531

ORLANDO, FL 32856

FEI Number: 27-0226465 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HISSOM, PHILIP KEITH 2016 S. FERN CREEK AVE ORLANDO, FL 32806 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PHILIP KEITH HISSOM 04/29/2019

Electronic Signature of Registered Agent

Date

FILED Apr 29, 2019

Secretary of State

7524009659CR

Officer/Director Detail:

Title Title DIRECTOR

Name MATHIS, JACINTA Name MAJUMDAR, INDER

225 N. FRENCH AVENUE Address Address 901 INTERNATIONAL PKWY

SUITE 100

TREASURER

SANFORD FL 32771 City-State-Zip: City-State-Zip: LAKE MARY FL 32746

Title **PRESIDENT**

JONES, EUGENE Name Name NORMAN, RYAN

Address 1800 SOUTH KIRKMAN ROAD 1928 SANTA ANTILLES RD Address

City-State-Zip: ORLANDO FL 32811 City-State-Zip: ORLANDO FL 32806

Title

Title **SECRETARY**

Title **DIRECTOR** Name WARD, AMANDA Name ZAIBACK, JULIE 4897 CYPRESS WOODS DRIVE Address

Address 900 HOPE WAY UNIT 6305.

City-State-Zip: ALTAMONTE SPRINGS FL 32714 City-State-Zip: ORLANDO FL 32811

Title DIRECTOR **DIRECTOR** Title

Name **EVANS, ADRIENNE** Name SHEPHERD, LEAH Address 2043 JACOBS PL Address 735 BROOKHAVEN DR City-State-Zip: ORLANDO FL 32805 City-State-Zip: ORLANDO FL 32803

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

04/29/2019 SIGNATURE: ADRIENNE EVANS DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date