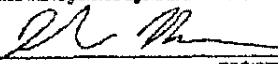


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

18 MAR 18 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
2009-2016					
DOCUMENT # F04000007002					
1. Corporation Name TRIALON CORPORATION					
2. Principal Office Address - No P.O. Box # 1477 WALLI STRASSE DR. Suite, Apt. #, etc.			3. Mailing Office Address 1477 WALLI STRASSE DR. Suite, Apt. #, etc.		
City & State BURTON, MI			City & State BURTON, MI		
Zip 48509	Country USA	Zip 48509	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 12/13/2004	
				5. FEI NUMBER 38-2432226	Applied For ☐ Not Applicable
7. Name and Address of Current Registered Agent				6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
Name C T CORPORATION SYSTEM					
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD					
Suite, Apt. #, etc.					
City PLANTATION			State FL	Zip Code 33324	
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  Date 03/15/2016					
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
C	ROBERT E RESSEGUIE	1477 WALLI STRASSE DRIVE		BURTON, MI 48509	
EX VP, BO	RONALD C RESSEGUIE	SAME		SAME	
CEO, BO	PATRICIA L CROWDER	SAME		SAME	
PRES	LES HADDEN	SAME		SAME	
S/T	SUZANNE SCHACHER	SAME		SAME	
ASS S/T	VIRGINIA RESSEGUIE	SAME		SAME	
10. E-mail Address: gellotti@trilon.com (To be used for future annual report notification)					
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to a department of the Department of State constitutes a third degree felony as provided for in s.917.156, F.S.					
SIGNATURE:				03/15/2016 Do-7728560	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

K. ASHTON

2052

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
TRIALON CORPORATION**

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Estimated Charge	\$1,800.00

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