

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC 10 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 589043

1. Corporation Name  
Nylon Polymers, Inc.

2. Principal Office Address  
2443 Rockfill Road

3. Mailing Office Address  
2443 Rockfill Road

Suite, Apt. #, etc.  
N/A

Suite, Apt. #, etc.  
N/A

City & State  
Fort Myers, FL

City & State  
Fort Myers, FL

Zip Country  
33916 USA

Zip Country  
33916 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 10/10/1978

5. FEI Number  
59-1848796

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 9704**

7. Name and Address of Current Registered Agent

Name  
Mr. John C. Lee

Street Address (P.O. Box Number is Not Acceptable)  
2443 Rockfill Road

200043611412  
12/23/04--01028--015 \*\*1808 75

Suite, Apt. #, Etc.  
N/A

City  
Fort Myers

State Zip Code  
FL 33916

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 \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

Date 12/8/04

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
PTSD	John C. Lee	2443 Rockfill Road	Fort Myers, FL 33916
VD	Stuart M. Smith	2443 Rockfill Road	Fort Myers, FL 33916
VD	Keith Geoffrey Sansom	2443 Rockfill Road	Fort Myers, FL 33916
V	Evan DeWulf	2443 Rockfill Road	Fort Myers, FL 33916

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 under section 119.07(3)(l), 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

John C. Lee

Date

Daytime Phone #

12/8/04 (239)337-0400

CRZE081 (01/04)