

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) 222-1092
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: Sec #10

CORPORATION REINSTATEMENT
PYLON MANUFACTURING CORP

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$758.75

\$158.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 832880

1. Corporation Name

Pylon Manufacturing Corp

2. Principal Office Address - No P.O. Box #

1341 W. Newport Center Dr.

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

Zip

33442

Country

US

3. Mailing Office Address

24800 Denise Drive

Suite, Apt. #, etc.

Suite 255

City & State

Southfield, MI

Zip

48033

Country

US

CR2ED81 (11/08)

4. Date Incorporated or Qualified
To Do Business in Florida

08/13/1974

5. FEI Number

59-1548344

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

Do not check this box unless you are a corporation or partnership.

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, F.S.

Signature of
Registered Agent

Kristine Heiberger

Kristine Heiberger

Date *11/13/09*

REGISTERED AGENT MUST SIGN

Assistant Secretary

9. Name and Street Address 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
Pres	Charles Tornabene	1341 W. Newport Center Drive	Deerfield Beach, FL 33442
VP	Richard Snell	24800 Denise Drive Suite 255	Southfield MI 48033
VPT	Scott Libaratz	24800 Denise Drive Suite 255	Southfield MI 48033
VPS	Dan Dickinson	1455 Pennsylvania Ave NW Suite 350	Washington DC 20004

REINSTATEMENT

10. E-mail Address: *jkazlawski@qualitar inc.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., 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.

SIGNATURE:

Kristine Heiberger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/2009 848004 8602

Date

Daytime Phone #

FILED
NOV 16 P 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA