

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 17 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000005154

1. Corporation Name Polydyne Inc.

2. Principal Office Address

One Chemical Plant Rd.

Suite, Apt. #, etc.

City & State

Riceboro, GA

Zip

31323

Country

USA

3. Mailing Office Address

P.O. Box 279

Suite, Apt. #, etc.

City & State

Riceboro, GA

Zip

31323

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/2/2001

5. FEI Number

34-1810283

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2004

7. Name and Address of Current Registered Agent

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

PETER F. SOUZA
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

11/10/04

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
President	Peter Nichols	One Chemical Plant Rd.	Riceboro, GA 31323
V.P. & Sec.	James R. Carlson	One Chemical Plant Rd.	Riceboro, GA 31323
Asst. Sec.	Mark Schlag	One Chemical Plant Rd.	Riceboro, GA 31323
Director	Rene Pich	41 Rue Jean Russ	Saint Etienne, France

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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)(f), 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

Mark Schlag

11/09/04

Date

(912) 880-2035

Daytime Phone #

CR2501 (01/04)