

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000007002		
1. Entity Name TRIALON CORPORATION		

Principal Place of Business 1477 WALLI STRASSE DR. BURTON, MI 48509	Mailing Address 1477 WALLI STRASSE DR. BURTON, MI 48509
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RESSEGUIE, ROBERT 5309 CHIN MAYA DRIVE SWARTZ CREEK, MI 48473 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROWDER, PATRICIA 7185 S. GALE RD GRAND BLANC, MI 48439 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RESSEGUIE, RON 5309 CHIN MAYA DRIVE SWARTZ CREEK, MI 48473 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RESSEGUIE, ETHEL 5309 CHIN MAYA DRIVE SWARTZ CREEK, MI 48473 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RH ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other live incorporators.

SIGNATURE: February 2, 2008 Date: 10/8/07 Daytime Phone #: 810-7425500

FILED

07 OCT 12 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10052007 REIN-P CR2E098 (1/07)

4. FEI Number 38-2432226	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

600110728106
10/12/07-01027-001 **150.00

**TRIALON CORPORATION
1477 WALLI STRASSE DRIVE
BURTON, MI 48509**

October 8, 2007

FLORIDA DEPT OF STATE

DIVISION OF CORPORATIONS

PO BOX 6327

TALLAHASSEE, FL 32314

Dear Sir or Madam:

RE: F04000007002 FILE

PLS REMOVE FEES / PENALTIES RE. THIS ANNUAL REPORT FILING LATE, AS WE DID NOT
RECEIVE THE FORMS NEEDED TO FILE.

Sincerely,

A handwritten signature in black ink, appearing to read "Patricia L. Crowder". The signature is fluid and cursive, with the first name "Patricia" being more prominent.

PATRICIA L. CROWDER, PRESIDENT