

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000007002

1. Entity Name  
TRIALON CORPORATION



FILED  
08 NOV -3 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1477 WALLI STRASSE DR.  
BURTON, MI 48509

Mailing Address  
1477 WALLI STRASSE DR.  
BURTON, MI 48509



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10272008 REIN-P CR2E098 (1/07)

4. FEI Number  
38-2432226

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2009, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☐ Delete  
NAME RESSEGUIE, ROBERT  
STREET ADDRESS 5309 CHIN MAYA DRIVE  
CITY-ST-ZIP SWARTZ CREEK, MI 48473

TITLE 11/03/08--01073--007 ☒ Change ☐ Addition  
NAME 300137581953  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME CROWDER, PATRICIA  
STREET ADDRESS 7185 S. GALE RD  
CITY-ST-ZIP GRAND BLANC, MI 48439

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME RESSEGUIE, RON  
STREET ADDRESS 5309 CHIN MAYA DRIVE  
CITY-ST-ZIP SWARTZ CREEK, MI 48473

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME RESSEGUIE, ETHEL  
STREET ADDRESS 5309 CHIN MAYA DRIVE  
CITY-ST-ZIP SWARTZ CREEK, MI 48473

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/08

870-7428500

1145