1052

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

16 MAR 18 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

2009-2016

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F04000007002

1. Corporation Name
TRIALON CORPORATION

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1477 WALLI STRASSE DR.	1477 WALLI STRASSE DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BURTON, MI	City & State: BURTON, MI
Zip: 48509 Country: USA	Zip: 48509 Country: USA

CR2E083 (11/10)

4. Date Incorporated or Qualified To Do Business In Florida
12/13/2004

5. FEI Number
38-2432226
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED
$8.75 Additional Fee Required (see Certificate of Status)

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 _____ Date 03/15/2016

REGISTERED AGENT MUST SIGN

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
C	ROBERT E RESSEGUIE	1477 WALLI STRASSE DRIVE	BURTON, MI 48509
EX VP, BD	RONALD C RESSEGUIE	SAME	SAME
CEO, BD	PATRICIA L CROWDER	SAME	SAME
PRES	LES HADDEN	SAME	SAME
S/T	SUZANNE SCHACHER	SAME	SAME
ASS S/T	VIRGINIA RESSEGUIE	SAME	SAME

10. E-mail Address: gelliott@trialon.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and 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. I am aware that false information submitted to a document filing officer of the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ Patricia L Crowder 03/15/2016 Do-742560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. ASHTON

Florida Department of State

Division of Corporations

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CORPORATION REINSTATEMENT
TRIALON CORPORATION

Certificate of Status	**0**
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