

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 MAR 17 PM 12:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F97000000073

1. Corporation Name

FIBERDYNE LABS, INC.

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

127 BUSINESS PARK

3. Mailing Office Address

DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FRANKFORT, NY

City & State

Zip

Country

13340

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/31/1996

5. FEI Number

16-1468561

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

Zip Code

FL

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 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*James M. Newsome*

JAMES M. NEWSOME

Special Assistant Secretary

Date: 3/11/08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses 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
CEO	A. Peter Polus	818 PARK LANE DRIVE HERKIMER, NY 13350	HERKIMER, NY 13350
TREAS	GAIL POLUS	818 PARK LANE DRIVE	HERKIMER, NY 13350
VP	CHAD POLUS	740 SPRINGDALE AVE	HERKIMER, NY 13350
VP	Peter Polus Jr.	720 SPRINGDALE AVE	HERKIMER, NY 13350
VP	Heather MCSAY	818 TALSON PARK DRIVE	HERKIMER, NY 13350

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 contained in Chapter 119, 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:

*Chad Polus* CHAD POLUS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/08

Date

315 895-8470

Daytime Phone #

REINSTATEMENT 00-08

map

08/17/08--01045--024 \*\*1660.00