


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 DRIVE Suite, Apt. #, etc.		3. Mailing Office Address DRIVE Suite, Apt. #, etc.	
City & State FRANKFURT, NY		City & State	
Zip 13340	Country 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 <input type="checkbox"/> \$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 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 <i>James M. Newsome</i>		JAMES M. NEWSOME Special Assistant Secretary	
REGISTERED AGENT MUST SIGN		Date: 3/11/08	
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: <i>Chad Polus</i>		CHAD POLUS	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 3/11/08	
		Daytime Phone #: 315 895-8470	

REINSTATEMENT 00-08

map

500120532163
08/17/08--01045--024 **1650.00