

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 MAR 14 PM 5:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H03851

1. Corporation Name

Triplex Abrasives, Inc.

2. Principal Office Address

5220 N.W. 72nd Ave.

Suite, Apt. #, etc.

22

City & State

Miami FL

Zip

33166

Country

3. Mailing Office Address

5220 N.W. 72nd Ave.

Suite, Apt. #, etc.

22

City & State

Miami FL

Zip

33166

Country

REINSTATEMENT

0305

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/14/1984

5. FEI Number

592459544

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 PETER Chirdaris

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

5220 NW 72 Ave # 22

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33166

500048847015
03/22/05--01025--012 **1105.00

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

Peter Chirdaris

Date 2/25/05

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 |
|--------|--------------------------------------|---|--------------------|
| P | Chirdaris, George | 5220 N.W. 72nd Ave # 22 | Miami / FL / 33166 |
| VP | Chirdaris, Nicolas | 5220 N.W. 72nd Ave # 22 | Miami / FL / 33166 |
| GM | Chirdaris, Peter | 5220 N.W. 72nd Ave # 22 | Miami / FL / 33166 |
| M | Chirdaris, Giorgio | 5220 N.W. 72nd Ave # 22 | Miami / FL / 33166 |
| M | Chirdaris, Paul | 5220 N.W. 72nd Ave # 22 | Miami / FL / 33166 |
| | | | |

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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Giorgio Chirdaris

Date

1/25/05 (305) 593-1285

Daytime Phone #

CR2E081 (01/05)