

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 02 APR -5 PM 5:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA 800005308238--6 -04/19/02--01045--028 ****300.00 ****300.00	
DOCUMENT # J60577					
1. Corporation Name Polymer Technologies, Inc. of Desto Co.					
2. Principal Office Address Suite, Apt. #, etc. 21043 Providence St. City & State Ft. Myers, FL Zip 33916 Country USA			3. Mailing Office Address Suite, Apt. #, etc. P.O. Box 64516 City & State Ft. MYERS, FL Zip 33911 Country USA		
4. Date Incorporated or Qualified To Do Business in Florida				5. FEI Number 59-2873344 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 Joanna Nolan					
Street Address (P.O. Box Number is Not Acceptable) 21043 Providence St.					
Suite, Apt. #, Etc.					
City FORT MYERS				State FL	Zip Code 33916
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 Joanna Nolan REGISTERED AGENT MUST SIGN Date 3/27/02					
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	Joanna Nolan	21043 Providence St.	Ft. Myers, FL 33916		
S/T	DAWN NOLAN	21043 Providence St.	Ft. Myers, FL 33916		
UBR 01-02 78					
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: Dawn Nolan / S/T SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3/27/02 Daytime Phone # 239-332-0482					

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