## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	
REINSTATEMEN	T



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

L05392

1. Corporation Name

FILED

14 APR -4 AM 8: 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## POLYMER CASTING, INC.

,			L	214-	17086				
2. Principal Office Address - No P.O. Box # 206 West Palm Drive		ve   206 V	3. Mailing Office Address 206 West Palm Drive			CR2E081 (11/10)			
Suite, Apt. #, etc.			Suite, Apt. #, êtc.			Date Incorporated or Qualified     To Do Business in Florida			
City & State		1 _ 1	City & State			07/27/1989 5. FEI Number   Applied For			
Columbia, SC			Columbia, SC			650137053			
四 29212	2 USA	29219	9	US	-	6. CERTIFICAT	E OF STATUS DESIRED	.75 Additional Fee required for a Certificate of Status	
	7. Name and	Address of Current Reg	istered Ager	nt .					
MICHAEL J FARRAR Street Address (P.O. Box Number is Not Acceptable)							400257812834 04/04/1401020005 **150.00		
	W 82ND STREE								
SUITE 890 City			State   Zip Code			400257812834 03/13/1401032002 **2100.00			
MIAMI			FL 33122						
8. I, being Signature e Registered		nt of the above named corp  REGISTERED A			with and accept the o	bligations of sect	on 607.0505 or 617.0503, F.  Date	_	
9. Name	s and Street Addresses of Eac	h Officer and/or Director (F	lorida nonpr	ofit comp	orations must list at le	ast 3 directors)			
Titles	Name Officers and/		Street Address of Eac Officer and/or Directo			City / State / Zip			
Р	RONALD HILL 2		206	206 West Palm Drive		Columbia, SC 29212			
							·		
			_l						
		REINS	TAT	E	MENT		APR 0 4 2014		
		REINS	TAI	E	MENT		APR 0 4 2014 R. HUNT		
		REINS	IAI	E	MENT				

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 507 or 517, 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. Turner carify, 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 are aware that false information authoritied in a document to the Department of State constitutes a third degree felony as provided for in s. § 17.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2014

Daytime Phone #