PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 FEB -7 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # m87500

1. Corporation Name
Polymer Compounds Inc.

REINSTATEMENT 05-08 KS
CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1320 S. Dixie Hwy	1320 S. Dixie Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 701	Suite 701
City & State	City & State
Coral Gables, FL	Coral Gables, FL
Zip / Country	Zip / Country
33146 / USA	33146 / USA

4. Date Incorporated or Qualified To Do Business in Florida 06/21/1988

5. FEI Number 650067586 — ☑ 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: Murai Wald Biondo & Moreno, PA

Street Address (P.O. Box Number is Not Acceptable): Two Alhambra Plaza

Suite, Apt. #, Etc.: Penthouse 1B

City: Coral Gables, State: FL Zip Code: 33134

☑ 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: [signature] as Vice President Date: 1-31-08
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Xavier Simon	1320 S. Dixie Hwy Ste. 701	Coral Gables,FL. 33146
V	Jaime Simon	1320 S. Dixie Hwy Ste. 701	Coral Gables, FL. 33146
T	Luis Nath	1320 S. Dixie Hwy Ste. 701	Coral Gables, FL. 33146

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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: [signature] XAVIER SIMON Jan 29 08 305-666-6568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #