

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000051971

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** TROYCO LIQUID NITROGEN, INC.

**Current Principal Place of Business:**

975 FLORIDA AVE.  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1792  
TARPON SPRINGS, FL 346881792

**New Mailing Address:**

**FEI Number:** 59-3648189

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MUSZYNSKI, TROY A  
409 MISSISSIPPI AVE  
PALM HARBOR, FL 34693 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** TROY MUSZYNSKI

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PVPS  
**Name:** MUSZYNSKI, TROY A  
**Address:** 409 MISSISSIPPI AVE  
**City-St-Zip:** PALM HARBOR, FL 34683

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** TROY MUSZYNSKI

PRES

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date