

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000013633

FILED
Jan 26, 2009
Secretary of State

Entity Name: POLYGON CORPORATION

Current Principal Place of Business:

27007 FORDHAM DRIVE
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

7417 TREELINE DRIVE
NAPLES, FL 34119 US

Current Mailing Address:

27007 FORDHAM DRIVE
WESLEY CHAPEL, FL 33543

New Mailing Address:

7417 TREELINE DRIVE
NAPLES, FL 34119 US

FEI Number: 59-3701062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SZAFRICKS, IMRE
424 E. CENTRAL BLVD
SUITE 106
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

ODSTRCILIK, MILAN
6790 SANDALWOOD LANE
NAPLES, FL 34109 US

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: MILAN ODSTRCILIK

01/26/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KOLLERT, JAN
Address: 27007 FORDHAM DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: S () Delete
Name: KOLLERT, JAN
Address: 2700 FORDHAM DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KOLLERT, JAN
Address: 7417 TREELINE DRIVE
City-St-Zip: NAPLES, FL 34119

Title: VP (X) Change () Addition
Name: DRAB, LADISLAV
Address: 7417 TREELINE DRIVE
City-St-Zip: NAPLES, FL 34119 US

Title: S () Change (X) Addition
Name: ODSTRCILIK, MILAN
Address: 6790 SANDALWOOD LANE
City-St-Zip: NAPLES, FL 34109 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DRAB LADISLAV

VP

01/26/2009

Electronic Signature of Signing Officer or Director

Date