

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000121683

1. Corporation Name

LIBERTY POLYGLAS, INC.

Principal Place of Business

1575 LEBANON SCHOOL RD  
WEST MIFFLIN PA 15122

Mailing Address

456 ALEXANDER PALM RD  
BOCA RATON FL 33432

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/27/2001

5. FEI Number

26-0005737

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTS	WORTLEY, BARBARA	456 ALEXANDER PALM RD	BOCA RATON FL 33432
VPD	WORTLEY, BARBARA	456 ALEXANDER PALM RD	BOCA RATON FL 33432
✓	Volz, Gayle	3943 Dickey Rd.	Gibsonia PA 15044
✓	Griffith, David	100 Woodlawn Lane	Bethel Park, PA 15102

100024390561

11/03/03--01108--006 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WORTLEY, BARBARA  
456 ALEXANDER PALM ROAD  
BOCA RATON FL 33432

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/03

Date

412-466-8611

Daytime Phone



# LIBERTY PULTRUSIONS

1575 Lebanon School Road  
West Mifflin, PA 15122-3464  
T: 412.466.8611 F: 412.466.8640  
<http://www.libertypultrusions.com>

Department Of State  
Division Of Corporations  
PO Box 6327  
Tallahassee, FL 32314  
October 30, 2003

## Department Of Statement:

Liberty Pultrusions is asking for the reinstatement fee to be waived since we did not receive the two prior uniform business report (UBR) notices. I have enclosed the completed application for reinstatement and the appropriate UBR filing fee of \$150.00 for-profit corporations. I have also noted the change in the mailing address on the applications, so this problem will not exist in the future.

Liberty Pultrusions is asking for the Certificate of Status to be mailed to the Following address: Liberty Pultrusions, 1575 Lebanon School Road , West Mifflin, PA 15122-346 Attn: Gayle Sarver-Volz.

Sincerely,

Gayle Sarver-Volz  
Vice President