## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000115791

Entity Name: POLY-TRIPLEX CONSTRUCTION SOLUTIONS, INC.

FILED Apr 14, 2009 Secretary of State

| Current P                                   | rincipal Plac                                    | e of Business:                         | New Principal Place                         | New Principal Place of Business:             |  |
|---|--|--|---|--|--|
| 495 ST JO<br>BONIFAY,                       | HNS ROAD<br>FL 32425                             |  |   |  |  |
| Current Mailing Address:                    |  |  | New Mailing Address                         | New Mailing Address:                         |  |
| 495 ST JO<br>BONIFAY,                       | HNS ROAD<br>FL 32425                             |  |   |  |  |
| FEI Number:                                 | : 20-5505719                                     | FEI Number Applied For ( )             | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and                                    | Address of                                       | Current Registered Agent:              | Name and Address o                          | lame and Address of New Registered Agent:    |  |
| 756 BEAC                                    | BLIA, MICHAE<br>HLAND BOUI<br>ACH, FL 3290       | _EVARD                                 |   |  |  |
|   | named entity<br>of Florida.                      | submits this statement for the p       | ourpose of changing its registered          | d office or registered agent, or both,       |  |
| SIGNATUR                                    | RE: MR. MIC                                      | HAEL GARAVAGLIA                        |   |  |  |
|   | Electro  | nic Signature of Registered Age        | ent   | Date   |  |
|   |  | 93(2)(b), F.S., the corporation did no | ot receive the prior notice.                |  |  |
| OFFICERS AND DIRECTORS:                     |  |  | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | P (<br>HOUGH, GEO<br>495 ST JOHN:<br>BONIFAY, FL | S ROAD                                 | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |

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: YVONNE ROKAW MS. 04/14/2009