

DEC. -31' 01 (MON) 13:18 CSC TALL
Dec. 31. 2001 10:39AM BUSH ROSS ET AL

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM OF STATE

NO. FILED
DIVISION OF CORPORATIONS

P. 002

HO1000124902 7

01 DEC 31 PM 4:00

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000044002

1. Corporation Name

POLYMER EQUIPMENT CORPORATION

2. Principal Office Address

11801 ELYSSA RD

Suite, Apt. #, etc.

City & State

THONOTOSASSA, FL

Zip

33592

Country

U.S.A.

3. Mailing Office Address

11801 ELYSSA RD

Suite, Apt. #, etc.

City & State

THONOTOSASSA, FL

Zip

33592

Country

U.S.A.

REINSTATEMENT 01

4. Date Incorporated or Qualified
To Do Business in Florida

05/16/1996

5. FEI Number

59-3385206

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

SEE Additional Form required
on a Certificate of Status.

7. Name and Address of Current Registered Agent

Name

RANDY K. STERNS

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

220 S. FRANKLIN STREET

Suite, Apt. #, Etc.

City

TAMPA, FL 33602

State

FL

Zip Code

33602

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, F.S.

Signature of
Registered Agent

Randy K. Stern

Date

12/31/01

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P, D	DAVID T. PALAZZO	11801 ELYSSA RD.	THONOTOSASSA, FL 33592
VP, S, T	JAN G. BURNETT	11801 ELYSSA RD.	THONOTOSASSA, FL 33592

10. I certify that I am an officer or director of 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 118.07(3)(b), 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:

Randy K. Stern 12/31/01 813 224 9255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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NJH

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To: Division of Corporations
Fax Number : (850) 205-0384

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 521-1030

CORPORATION REINSTATEMENT
POLYMER EQUIPMENT CORPORATION

Certificate of Status	0
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