


**2006 FOR PROFIT CORPORATION
 REINSTATEMENT**

DOCUMENT # F0200001234			
1. Entity Name TOTAL CAR FRANCHISING CORPORATION			
Principal Place of Business 642 CENTURY CIRCLE CONWAY, SC 29526		Mailing Address 642 CENTURY CIRCLE CONWAY, SC 29526	
2. Principal Place of Business		3. Mailing Address	
Date, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 57-0940755		Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
8. The above Director hereby submits this statement for the purpose of changing the registered office or registered agent, or both, at the State of Florida. I am familiar with, and accept, the obligations of registered agent.			
SIGNATURE: <u>Zuema M. Newarth, Asst Secy</u>		DATE: <u>10-6-06</u>	
FILE NOW! FEB IS \$100.00 After January 1, 2007, Fee will be \$300.00		In accordance with s. 607.103(2)(b), F.S., this corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POEP COX, JEFFREY L. 642 CENTURY CIRCLE CONWAY, SC 29526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Wayne Webb 642 Century Circle Conway, SC 29526 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/for
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOWERY, CATHERINE H 642 CENTURY CIRCLE CONWAY, SC 29526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Don Aslew 642 Century Circle Conway, SC 29526 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/for
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AMBROSE, JUDITH A 642 CENTURY CIRCLE CONWAY, SC 29526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/for
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEMINGWAY, SHA B 642 CENTURY CIRCLE CONWAY, SC 29526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/for
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARKMAN, DENNIS 2006 BELAST RD SACRAMENTO, CA 95825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/for
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/for
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 appointed to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed; or, in attachment with an address, with all other fees empowered.			
SIGNATURE: <u>[Signature]</u>		DATE: <u>10-17-06</u> 843-347-8818	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		DATE	

06 OCT 24 2006 9:22

REINSTATEMENT OF

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 10/24/06--01005--017 **150.00