2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 842727

BRUNING AND FEDERI E MEG. CO.

FILED Jan 04, 2008 Secretary of State

Entity Name: BRUNING AND FEDERLE MFG. CO.					
Current Principal Place of Business:			New Principal Place	of Business:	
	THSIDE DR ILLE, NC 2862	25 US			
Current Mailing Address:			New Mailing Address:		
PO BOX 5 STATESV	547 ILLE, NC 2868	375547 US			
FEI Number	: 56-0793222	FEI Number Applied For ()	FEI Number Not Applicable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent				of New Registered Agent:	
3151 3RD SUITE 511	, EDWIN A. AVE N. , 300 BLDG. V RSBURG, FL 3				
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE: EDWIN F	PENNELL			
	Electror	nic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (EISELE, DOUG 320 WEST BRO STATESVILLE,	OAD STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PDT (BASS, THOMA 226 WINDING TROUTMAN, N	SHORE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD (HEPLER, MICH 108 GREEN BA MOORESVILLE	AY ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD (BOLICK, ROBE 9912 STEWAR CHARLOTTE, N	T SPRING LN	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	SD () Delete	Title:	() 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.

Name:

Address:

City-St-Zip:

SIGNATURE: THOMAS H BASS PRES 01/04/2008

POWELL, THOMAS D

140 GROSE STREET

HARMONY, NC 28634

Name:

Address:

City-St-Zip: