

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F94000004454

Entity Name: TAFFORD MANUFACTURING, INC.

FILED
Oct 07, 2005
Secretary of State

Current Principal Place of Business:

1370 WELSH RD
NORTH WALES, PA 19454

New Principal Place of Business:

Current Mailing Address:

1370 WELSH RD
NORTH WALES, PA 19454

New Mailing Address:

FEI Number: 23-2436046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOENFELD, ROBERT
159 VINTAGE ISLE LANE
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROBERT SHOENFELD

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SHOENFELD, ROBERT
Address: 159 VINTAGE ISLE LN
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: SHOENFELD, MARLENE L
Address: 159 VINTAGE ISLE LN
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: S () Delete
Name: FARLEY, DEBORAH M
Address: 8231 FORREST AVENUE
City-St-Zip: ELKINS PARK, PA 19027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALMA HAZBOUN

Electronic Signature of Signing Officer or Director

CONT

10/07/2005

Date