## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000138204

Title:

Name:

Address:

City-St-Zip:

(X) Delete

76269 TOM BURNEY ROAD

LUCE, STACEY M

YULEE, FL 32097 US

FILED May 19, 2008 Secretary of State

Entity Nam	ne: TIM STAH	R, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
76269 TOM YULEE, FL	BURNEY RO. 32097 US	AD					
Current Mailing Address:				New Mailing Address:			
76269 TOM YULEE, FL	BURNEY RO. 32097 US	AD					
FEI Number:	45-0529319	FEI Number Applied For (	) FEI Nu	mber Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
	MOTHY A ERS AVENUE LLE, FL 32207	7 US					
The above in the State		ubmits this statement fo	r the purpose o	of changing in	ts registere	d office or registered agent, or both,	
SIGNATUR	E: TIMOTHY	STAHR					
Electronic Signature of Registered Agent				Date			
Election Cam	paign Financing	Trust Fund Contribution (	).				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () STAHR, TIMOTH 76269 TOM BUR YULEE, FL 3209	RNEY ROAD		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () LUCE, ALLEN W 76269 TOM BUR YULEE, FL 3209	RNEY ROAD		Title: Name: Address: City-St-Zip:	VP STACEY, S <sup>1</sup> 76269 TOM YULEE, FL	(X) Change()Addition TAHR M VP BURNEY ROAD	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: TIMOTHY A. STAHR P 05/19/2008

() Change () Addition