2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000019191

STOLTZFUS, PATRICIA

CANTONMENT, FL 32533

1750 EAGLE DR.

Name:

Address:

City-St-Zip:

FILED Dec 11, 2006 Secretary of State

Entity Nan	ie: TERRELLS	STOLTZFUS CUSTOM TF	RIM, INC.			
Current Principal Place of Business:			New	New Principal Place of Business:		
1750 EAGL CANTONM	E DR. ENT, FL 32533	3 US				
Current Mailing Address:			New	New Mailing Address:		
1750 EAGL CANTONM	E DR. ENT, FL 32533	3 US				
FEI Number:	20-0674705	FEI Number Applied For ()	FEI Number N	ot Applicable ()	Certificate of Status Desir	ed (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1750 EAGL	JS, TERRELL E DR. ENT, FL 32533	3 US				
The above in the State		bmits this statement for th	e purpose of cha	nging its register	ed office or registered agent	., or both,
SIGNATUR	E: TERRELL	STOLTZFUS				
	Electronic	: Signature of Registered A	gent		Date	
	,	2)(b), F.S., the corporation did Frust Fund Contribution ().	not receive the pri	or notice.		
	AND DIRECT	* *	ADI	ITIONS/CHANG	SES TO OFFICERS AND D	IRECTORS:
Title: Name: Address: City-St-Zip:	P () C STOLTZFUS, TEF 1750 EAGLE DR. CANTONMENT, F		Title: Name Addre City-3		() Change() Addition	
Title: Name: Address: City-St-Zip:	VP () D STOLTZFUS, TEF PO BOX 770 BRISTOL, FL 32		Title: Name Addre City-	ss: 1750 EAG	(X) Change()Addition JS, PATRICIA LE DR. IENT, FL 32533 US	
Title: Name: Address: City-St-Zip:	SEC () D STOLTZFUS, TEF 1750 EAGLE DR. CANTONMENT, F		Title: Name Addre City-S		() Change() Addition	
Title:	M ()D	elete	Title:	N/I	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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:

FAULK, TERISTIA S

CANTONMENT, FL 32533

1750 EAGLE DR.

SIGNATURE: TERRELL STOLTZFUS Ρ 12/11/2006