2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000081508

Entity Name: TERRY VANDERWIER CASTING, INC

FILED Oct 31, 2008 Secretary of State

Entity Nar	ne: IEKKYV	ANDERV	WIER CASTING, INC.			
Current Principal Place of Business:				New Principal P	New Principal Place of Business:	
	RWOOD ROA GUSTINE, FL		H US			
Current Mailing Address:				New Mailing Ad	New Mailing Address:	
5424 RIVERWOOD RD N SAINT AUGUSTINE, FL 32092 US			US		3218 LAKE WASHINGTON BLVD N RENTON, WA 98056 US	
FEI Number:	59-3397033	FEI Nun	nber Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Addre	Name and Address of New Registered Agent:	
5424 RIVE	VIER, MARIA 1 RWOOD RD 1 GUSTINE, FL	V	US			
The above in the State		submits t	his statement for the p	urpose of changing its regi	stered office or registered agent, or both,	
SIGNATUR	RE: MARIA V	ANDERV	VIER			
	Electror	nic Signat	ure of Registered Age	nt	Date	
			S., the corporation did no not not not not not not not not not	t receive the prior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CH/	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () VANDERWIER, 5424 RIVERWO SAINT AUGUST	OOD RD N	2092	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () VANDERWIER, 5424 RIVERWO SAINT AUGUST	OOD RD N		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () VANDERWIER, 5424 RIVERWO ST. AUGUSTIN	OOD ROAD		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T ()) Delete , CHRISTOI	PHER G	Title: Name:	() 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.

Address:

City-St-Zip:

SIGNATURE: MARIA T. VANDERWIER PD 10/31/2008

5424 RIVERWOOD RD N

ST. AUGUSTINE, FL 32092 US

Address:

City-St-Zip: