2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 17, 2009
Secretary of State

DOCUMENT# 453517

Entity Name: A A FIRE EQUIPMENT CO.

Current Principal Place of Business:

480 N.E. 159 ST.
N. MIAMI, FL 331625123

New Principal Place of Business:

480 N.E. 159 ST.
NORTH MIAMI BCH, FL 33162 US

Current Mailing Address:

480 N.E. 159 ST.
N. MIAMI, FL 331625123

New Mailing Address:

480 N.E. 159 ST.
NORTH MIAMI BCH, FL 33162 US

FEI Number: 59-1534136 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEMBRIVES, J P
480 NE 159 STREET
N.MIAMI, FL US

Name and Address of New Registered Agent:

MEMBRIVES, J P
480 NE 159 STREET
NORTH MIAMI BCH, FL 33162 US

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: J P MEMBRIVES 12/17/2009
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: PD ( ) Delete
Name: MEMBRIVES, L J
Address: 480 NE 159 STREET
City-St-Zip: NORTH MIAMI, FL

Title: ST ( ) Delete
Name: MEMBRIVES, J P
Address: 480 NE 159 STREET
City-St-Zip: NORTH MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MEMBRIVES, L J
Address: 480 NE 159 STREET
City-St-Zip: NORTH MIAMI BCH, FL 33162 US

Title: ST (X) Change ( ) Addition
Name: MEMBRIVES, J P
Address: 480 NE 159 STREET
City-St-Zip: NORTH MIAMI BCH, FL 33162 US

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.

SIGNATURE: L J MEMBRIVES PD 12/17/2009
Electronic Signature of Signing Officer or Director Date