2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000086976

Entity Name: AC CABINET INSTALLATION CORPORATION

FILED Sep 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

220 NW 59 AVE 8740 SW 20 TERRACE MIAMI, FL 33126 MIAMI, FL 33165

Current Mailing Address: New Mailing Address:

220 NW 59 AVE 8740 SW 20 TERRACE MIAMI, FL 33126 8740 SW 20 TERRACE MIAMI, FL 33165

FEI Number: 20-5131544 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CATALA, ANDRES
220 NW 59 AVE
MIAMI, FL 33126 US

CATALA, ANDRES
8740 SW 20 TERRACE
MIAMI, FL 33165 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: ANDRES CATALA 09/09/2009

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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 CATALA, ANDRES
 Name:
 CATALA, ANDRES

 Address:
 220 NW 59 AVE
 Address:
 8740 SW 20 TERRACE

 Address:
 220 NW 59 AVE
 Address:
 8740 SW 20 TERRAC

 City-St-Zip:
 MIAMI, FL 33126
 City-St-Zip:
 MIAMI, FL 33165

Title: Title: (X) Change () Addition () Delete Name: CATALA, CARLOS M Name: CATALA, CARLOS M 220 NW 59 AVE Address: 8740 SW 20 TERRACE Address: MIAMI, FL 33126 MIAMI, FL 33165 City-St-Zip: City-St-Zip:

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: ANDRES CATALA P 09/09/2009