

2007 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

DOCUMENT # P06000154470



1. Entity Name
ALCA A/C & GENERAL MAINTENANCE CORPORATION

07 DEC -3 AM 9:10

Principal Place of Business
2331 ADAM ST
9
HOLLYWOOD, FL 33020

Mailing Address
2331 ADAM ST
9
HOLLYWOOD, FL 33020

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20 12-5-07



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 07

4. FEI Number **20-6102753** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIZAMA, WILLIAM
2331 ADAM ST
9
HOLLYWOOD, FL 33020

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Delete
P LIZAMA, WILLIAM
STREET ADDRESS 2331 ADAM ST SUITE 9
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE NAME Change Addition
200112791462
STREET ADDRESS 12/03/07--01078--003
CITY-ST-ZIP **150.00

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
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TITLE NAME Change Addition
STREET ADDRESS
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TITLE NAME Delete
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CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William Lizama*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/2007
Date

Date Printed