2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F01000001900

GLENN, GENEVA

HUNTSVILLE, AL 35803

11208 S. MEMORIAL PKWY., UNIT G

Name:

Address:

City-St-Zip:

Entity Name: A-1 APPLIANCE PARTS, INC.

FILED Oct 14, 2009 Secretary of State

Entity Nai	me: A-1 APPL	LIANCE PARTS, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	MEMORIAL PK LLE, AL 35803				
Current Mailing Address:			New Mailing Address:		
P.O. BOX HUNTSVII	4418 _LE, AL 35815	;			
FEI Number	: 63-0768089	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
801 OLD (JEREOMY CORRY FIELD DLA, FL 32506				
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE: JEREOM	Y THRUSH			
	Electror	nic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	O'NEAL, HUGH	ORIAL PKWY., UNIT G	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	O'NEAL, NATH	ORIAL PKWY., UNIT G	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	O'NEAL, TERE	ORIAL PKWY., UNIT G	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	T () Delete	Title:	() 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.

Name:

Address:

City-St-Zip:

SIGNATURE: HUGH M. O'NEAL P 10/14/2009