

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000099787

**FILED**  
**Nov 21, 2009**  
**Secretary of State**

**Entity Name:** GOODMAN AIR CONDITIONING & REFRIGERATION, INC.

**Current Principal Place of Business:**

7108 HOLLOWELL DR.  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

7108 HOLLOWELL DR.  
TAMPA, FL 33634

**New Mailing Address:**

**FEI Number:** 42-1636492

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GOODMAN, ADWENA  
7108 HOLLOWELL DR.  
TAMPA, FL 33634 US

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

GOODMAN, TODD  
7108 HOLLOWELL DR.  
TAMPA, FL 33634 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: TODD GODDMAN

11/21/2009

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: PSD ( ) Delete  
Name: GOODMAN, ADWENA  
Address: 7108 HOLLOWELL DR.  
City-St-Zip: TAMPA, FL 33634

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: GOODMAN, TODD  
Address: 7108 HOLLOWELL DR.  
City-St-Zip: TAMPA, FL 33634

Title: VPSD ( ) Change (X) Addition  
Name: GOODMAN, ADWENA  
Address: 7108 HOLLOWELL DR.  
City-St-Zip: TAMPA, FL 33634

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: TODD GOODMAN

PSD

11/21/2009

Electronic Signature of Signing Officer or Director

Date