

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000086481

**FILED**  
**Nov 07, 2011**  
**Secretary of State**

**Entity Name:** ALL FLORIDA APPLIANCE & A/C INC.

**Current Principal Place of Business:**

1614 BROKEN BRANCH DR  
WESLEY CHAPEL, FL 33543 US

**New Principal Place of Business:**

**Current Mailing Address:**

1614 BROKEN BRANCH DR  
WESLEY CHAPEL, FL 33543 US

**New Mailing Address:**

**FEI Number:** 27-3741529

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

IBRAHIM, HEATHER C  
1614 BROKEN BRANCH DR  
WESLEY CHAPEL, FL 33543 US

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

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:** HEATHER C. IBRAHIM

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** IBRAHIM, HEATHER C  
**Address:** 1614 BROKEN BRANCH DR  
**City-St-Zip:** WESLEY CHAPEL, FL 33543 US

**Title:** VP  
**Name:** IBRAHIM, SHERIF S  
**Address:** 1614 BROKEN BRANCH DR  
**City-St-Zip:** WESLEY CHAPEL, FL 33543 US

I hereby 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 all other like empowered.

**SIGNATURE:** HEATHER C. IBRAHIM

P

11/07/2011

Electronic Signature of Signing Officer or Director

Date