

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000018803

**FILED**  
**Jun 07, 2014**  
**Secretary of State**

**Entity Name:** A-1 FACILITIES SERVICES INC.

**Current Principal Place of Business:**

114 CLOVER LANE  
LONGWOOD, FL 32750

**New Principal Place of Business:**

114 CLOVER LANE  
LONGWOOD, FL 32750 UN

**Current Mailing Address:**

114 CLOVER LANE  
LONGWOOD, FL 32750

**New Mailing Address:**

114 CLOVER LANE  
LONGWOOD, FL 32750 UN

**FEI Number:** 27-5252483

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUSH, PATRICIA  
VILLAGE LAKES APT.  
500 W AIRPORT BLVD  
SANFORD, FL 32773 US

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

BUSH, PATRICIA  
114 CLOVER LANE  
LONGWOOD, FL 32750 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: PATRICIA BUSH PRESIDENT

06/07/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BUSH, PATRICIA A  
Address: 114 CLOVER LANE  
City-St-Zip: LONGWOOD, FL 32750 UN

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: PATRICIA BUSH

PRES

06/07/2014

Electronic Signature of Signing Officer or Director

Date