

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P95000079823

**FILED**  
**Oct 04, 2011**  
**Secretary of State**

**Entity Name:** ABERCROMBIE, SIMMONS & GILLETTE OF FLORIDA, INC.

**Current Principal Place of Business:**

14041 A NO. DALE MABRY HWY  
TAMPA, FL 33618 US

**New Principal Place of Business:**

**Current Mailing Address:**

5300 HOLLISTER  
SUITE 400  
HOUSTON, TX 77040 US

**New Mailing Address:**

**FEI Number:** 59-3338700      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

BREAUX, KRAIG  
14041 A NO. DALE MABRY HWY  
TAMPA, FL 33618 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:** KRAIG BREAUX

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** ABERCROMBIE, JAMES T  
**Address:** 11532 CR 408  
**City-St-Zip:** CALDWELL, TX 77836

**Title:** VP  
**Name:** GERALD, WELCH  
**Address:** 1840 SEA PINES LANE  
**City-St-Zip:** ORANGE PARK, FL 32003

**Title:** S  
**Name:** MONICA, ABERCROMBIE  
**Address:** 12534 MILLRIDGE PINES CT.  
**City-St-Zip:** HOUSTON, TX 77070 US

**Title:** T  
**Name:** HIMES, LESLIE  
**Address:** 9302 TASCOSA LANE  
**City-St-Zip:** HOUSTON, TX 77064

**Title:** VP  
**Name:** BREAUX, KRAIG S 2ND VP  
**Address:** 23518 VISTAMAR CT  
**City-St-Zip:** LAND O LAKES, FL 34639 US

**Title:** VP  
**Name:** KINANE, WILLIAM 3RD VP  
**Address:** 1206 S 10TH STREET  
**City-St-Zip:** FORT PIERCE, FL 34950 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:** LESLIE HIMES

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TREA

10/04/2011

\_\_\_\_\_  
Date