

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000034270

FILED  
Jan 30, 2014  
Secretary of State

**Entity Name:** CASTLE AIR CONDITIONING, INC.

**Current Principal Place of Business:**

1883 WAKE FOREST AVENUE  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

1883 WAKE FOREST AVENUE  
CLERMONT, FL 34711

**New Mailing Address:**

**FEI Number:** 20-8658573

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MUSTAPHA, SAEED  
1883 WAKE FOREST AVENUE  
CLERMONT, FL 34711 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: SAEED MUSTAPHA

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MUSTAPHA, SAEED  
Address: 1883 WAKE FOREST AVENUE  
City-St-Zip: CLERMONT, FL 34711

Title: VP  
Name: MUSTAPHA, LORELIE  
Address: 1883 WAKE FOREST AVENUE  
City-St-Zip: CLERMONT, FL 34711

Title: O  
Name: MUSTAPHA, LAURA S  
Address: 1883 WAKE FOREST AVENUE  
City-St-Zip: CLERMONT, FL 34711

Title: O  
Name: MUSTAPHA, LEILA L  
Address: 1883 WAKE FOREST AVENUE  
City-St-Zip: CLERMONT, FL 34711

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: SAEED MUSTAPHA

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

P

01/30/2014

\_\_\_\_\_  
Date