2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 29, 2009
Secretary of State

DOCUMENT# P08000027423

Entity Name: TJ RELIABLE HANDYMAN, INC.

Current Principal Place of Business:

410 MAPLE POINTE DRIVE
SEFFNER, FL 33584 US

New Principal Place of Business:

12522 EVINGTON POINT DR
RIVERVIEW, FL 33579 US

Current Mailing Address:

410 MAPLE POINTE DRIVE
SEFFNER, FL 33584 US

New Mailing Address:

P.O. BOX 1566
RIVERVIEW, FL 33568 US

FEI Number: 26-2220622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE LAW OFFICES OF NICK SPRADLIN, PLLC
12000 NORTH DALE MABRY HWY
SUITE 110
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: ROBERT SANDERS

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: DIR ( ) Delete
Name: SANDERS, ROBERT L
Address: 410 MAPLE POINTE DRIVE
City-St-Zip: SEFFNER, FL 33584 US

Title: PRES ( ) Delete
Name: SANDERS, ROBERT L
Address: 410 MAPLE POINTE DRIVE
City-St-Zip: SEFFNER, FL 33584 US

Title: SEC ( ) Delete
Name: SANDERS, ROBERT L
Address: 410 MAPLE POINTE DRIVE
City-St-Zip: SEFFNER, FL 33584 US

Title: TREA ( ) Delete
Name: SANDERS, ROBERT L
Address: 410 MAPLE POINTE DRIVE
City-St-Zip: SEFFNER, FL 33584 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ROBERT SANDERS OWNE 09/29/2009

Electronic Signature of Signing Officer or Director Date