

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -5 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000038310

1. Corporation Name

BEASLEY HANDYMAN INC.

2. Principal Office Address

2251 CRAWFORD ST

Suite, Apt. #, etc.

3. Mailing Office Address

702 SOUTH ST

Suite, Apt. #, etc.

City & State

MASCOTTE, FL

Zip

34753

Country

USA

City & State

GROVELAND, FL

Zip

34736

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3707398

Applied for

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2002

7. Name and Address of Current Registered Agent

Name

BEASLEY, RONALD

Street Address (P.O. Box Number is Not Acceptable)

702 SOUTH STREET

Suite, Apt. #, Etc.

City

GROVELAND

State

FL

Zip Code

34736

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Ronald Beasley

REGISTERED AGENT MUST SIGN

Date 10/30/2002

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / Street / Zip
D	BEASLEY, RONALD	702 SOUTH STREET	GROVELAND, FL 34736

700008809587

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Ronald Beasley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/28/2002

(407) 541-0705

Daytime Phone #

10/30/02

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform you that BEASLEY HANDYMAN INCORPORATED has relocated. The named Corporation did not receive a Annual Corporate Reports, for the year (2002). Due to these circumstances we are asking that you abate the reinstatement fees. If there are any questions you can contact me at (407) 541-0705.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



.Maurice Robinson

