
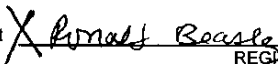



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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # P01000038310			
1. Corporation Name BEASLEY HANDYMAN, INC			
2. Principal Office Address 2251 CRAWFORD SHEET Suite, Apt. #, etc.		3. Mailing Office Address 2251 CRAWFORD SHEET Suite, Apt. #, etc.	
City & State MASCOTTE/FL		City & State MASCOTTE/FL	
Zip 34753	Country USA	Zip 34753	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 4/12/2001		5. FEI Number 59-3707398	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name RONALD BEASLEY			
Street Address (P.O. Box Number is Not Acceptable) 2251 CRAWFORD STREET			
Suite, Apt. #, Etc.			
City MASCOTTE		State FL	Zip Code 34753
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 		Date 9/8/2005	
REGISTERED AGENT MUST SIGN			
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 / State / Zip
P	RONALD BEASELEY	2251 CRAWFORD STREET	MASCOTTE/FL/34753
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: 		Date 9/8/2005	Daytime Phone # (407) 895-5933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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Robinson and Robinson Inc.

SEPTEMBER 8, 2005

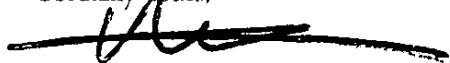
FLORIDA DEPARTMENT OF STATE,
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform you that BEASLEY HANDYMAN, INC.,
ORLANDO., has relocated. The named Corporation did not receive a
Annual Corporate Reports, for the year (2005). Due to these circumstances
we are asking that you abate the reinstatement fees. The payment of \$150.00
is enclosed for the said years. If there are any questions you can contact me at
(407) 895-5933. Document #P01000038310

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Maurice Robinson