

PLEASE READ ALL INSTRUCTIONS BEFORE

PLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

2001 UBR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 22 PM 12:18

DOCUMENT # K14975

Corporation Name
Handyman's Dreamland, Inc.

Principal Place of Business Mailing Address
18522 HWY 19 18522 HWY 19
Hudson, FL 34667 Hudson, FL 34667

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

1. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 02-09-1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2871760	
City & State		City & State		Applied For Not Applicable	
Country		Zip		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
1	James E. Carroll	18522 HWY 19 Hudson	Hudson, FL 34667

300004448659--
-06/28/01--01019--019
****150.00 ****150.00

8. Name and Address of Current Registered Agent James H. Collier Sr. 7421 Bent Oak Dr. Port Richey FL 34668		9. Name and Address of New Registered Agent Name James H. Collier Sr. Street Address (P.O. Box Number is Not Acceptable) 7421 Bent Oak Dr. Suite, Apt. #, Etc. City Port Richey State FL Zip Code 34668	
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I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent James H. Collier Sr. Date 4-26-01
REGISTERED AGENT MUST SIGN

This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

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: James E. Carroll 4-26-01 (727) 869-2588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #