

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 17 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000016816

1. Corporation Name ATOZ HANDY MAN SERVICES INC.

2. Principal Office Address
8243 PAMLICO ST
Suite, Apt. #, etc.

3. Mailing Office Address
8243 PAMLICO ST
Suite, Apt. #, etc.

City & State
ORLANDO FL

City & State
ORLANDO FL

Zip Country
32817 ORANGE

Zip Country
32817 ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida 2/11/2000

5. FEI Number 593624552
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name ANDREW CARLIN

Street Address (P.O. Box Number is Not Acceptable)
8243 PAMLICO ST

Suite, Apt. #, Etc.

City
ORLANDO

State Zip Code
FL 32817

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 C. O. C.
REGISTERED AGENT MUST SIGN

Date 12/12/03

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	ANDREW CARLIN	8243 PAMLICO ST	ORLANDO FL 32817
S	HUGO HERRERIA	1645 SPRINGTIME LOOP	WINTER PARK FL 32792

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: C. O. C.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/03 407 522-2730
Date Daytime Phone #

CR2081 (10/02)



December 12, 2003

To whom it may concern:

Please waive any penalty fees for A to Z Handy Man Services Inc. corporation reinstatement. I did not receive the reinstatement package.

Sincerely,

Andrew D. Carlin
President
A to Z Handy Man Services Inc.