


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 26 AM 11:55

DOCUMENT # **P00000052424**

1. Corporation Name

C D HANDYMAN SERVICES INC.

Principal Place of Business

**1541 NW 77 WAY
PEMBROKE PINES FL 33024**

Mailing Address

**1541 NW 77 WAY
PEMBROKE PINES FL 33024**



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

05-11-01 90033 003 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1018744

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. 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	4 City / State / Zip
PTD	DENEEN, CHARLES E	1541 NW 77 WAY	PEMBROKE PINES FL 33024

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**DENEEN, CHARLES E
1541 NW 77 WAY
PEMBROKE PINES FL 33024**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. 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

Date

REGISTERED AGENT MUST SIGN

11. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/31/01

CR2E040 (8/01)

**ABC BOOKKEEPING SERVICE
4435 SW 26TH AVENUE
FT LAUDERDALE FL 33312**

FLORIDA DEPARTMENT OF STATE
REINSTATEMENT DIVISION
PO BOX 6327
TALLAHASSEE FL 32314-6327

TO WHOM IT MAY CONCERN:

CONCERNING C D HANDYMAN SERVICES INC P00000052424

AFTER TELEPHONE CONVERSATION WITH YOUR OFFICES WE WERE INSTRUCTED TO ADVISE
THE FOLLOWING EVENTS.

ANNUAL UBR WAS SIGNED AND MAILED APRIL 24 2001 WITH CHECK FOR \$150.00.
REPORT WAS SENT BACK TO US ON MAY 17, 2001 REQUESTING THE FEDERAL I.D. NUMBER
THAT WAS MISSING BE SUPPLIED AND WAS SO AND RETURNED TO YOUR OFFICES. THE
CHECK IN PAYMENT OF THE \$150.00 WAS CASHED AS WELL.

WE RESPECTFULLY REQUEST ANY PENALTIES BE WAIVED AND THIS CORPORATION BE
REINSTATED.

THANK YOU FOR YOUR TIME AND ATTENTION TO THIS MATTER.

SINCERELY,



~~SHARON KRAFT~~
ABC BOOKKEEPING SERVICES
FOR THE FIRM

CC: C D HANDYMAN SERVICES INC