

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P00000058089

1. Corporation Name

HANDY DAN'S INC.

Principal Place of Business

Mailing Address

7222 MAPLE TREE DR.  
JACKSONVILLE FL 32277

7222 MAPLE TREE DR.  
JACKSONVILLE FL 32277

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

4. Date Incorporated or Qualified  
To Do Business in Florida

06/08/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3656576

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WENDT, DANIEL PAUL II	7222 MAPLE TREE DR.	JACKSONVILLE FL 32277
D	WENDT, SARA E	7222 MAPLE TREE DR.	JACKSONVILLE FL 32277

000023920820  
10/17/03--01093--DID \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FLORIDA INCORPORATORS, INC.  
1221 BRICKELL AVENUE SUITE 900  
MIAMI FL 33131

Name  
DANIEL P. WENDT II

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

7222 MAPLE TREE DR

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32277

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/14/03

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:

DANIEL P. WENDT II  
DIRECTOR

10/14/03 904 744 7821

Date

Daytime Phone #

CR2040 (7/03)