

1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

[REDACTED] FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

2005 UBR

05 SEP 19 11 3: 02

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 Country
34753 USA

Zip Country
34753 USA

4. Date Incorporated or Qualified To Do Business in Florida
4/12/2001

5. FEI Number
59-3707398

Applied For
 Not Applicable

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

05

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 State Zip Code
MASCOTTE FL 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 X Ronald Beasley 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

600059903326
09/23/05--01057--008 **150.00

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: Ronald Beasley **9/8/2005** **(407) 895-5933**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2082

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