

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 6A

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000068924

1. Corporation Name

HANDY 89 INC.

Principal Place of Business

14531 NORTH CLEVELAND AVE.
NORTH FORT MYERS FL 33903

Mailing Address

14531 NORTH CLEVELAND AVE.
NORTH FORT MYERS FL 33903

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/11/2001

5. FEI Number

65-1133713

Applied For

Not Applicable

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
P	NORMAN Lippmann	1100 River Rd.	N. Ft. Meyer Fld 33903
Sec.	ANN Reis	1100 River Rd	N. Ft. Meyer Fld 33903
V	MARK Lippmann	1100 River Rd.	N. Ft. Meyer Fld. 33903

8. Name and Address of Current Registered Agent

BOND, JAY
1100 RIVER ROAD
NORTH FORT MYERS FL 33903

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/3/02

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

[Signature] Norman Lippmann

NOV 4-02 9734798788

Date

Daytime Phone #

CR2040 (8/02)

payor

This is the only (U.B.N.)

Notice I received

Here is our check # 1245

for \$158.75

please accept
this.

Thank you in advance

Wojman
L. H. H.