

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO1000102458

1. Corporation Name

E.V. HANDYMAN TEAM INC

2. Principal Office Address

11631 NW 7 AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33168

Country

3. Mailing Office Address

P.O. Box 601652

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33160

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10-23-01

5. FEI Number

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

Emmanuel Volcy

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

11631 NW 7 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33168

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

E. Volcy  
REGISTERED AGENT MUST SIGN

Date

**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
<u>President</u>	<u>Emmanuel Volcy</u>	<u>11631 NW 7 AVE</u>	<u>MIAMI FL 33168</u>

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)(l), 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:

E. Volcy  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-08-03

Date

Daytime Phone #

9/10/17

July 5<sup>th</sup>, 2003

Florida Department of State  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

To Whom it May Concern,

This letter is in regards to the status of my business, E.V. Handyman Team Inc. It is currently listed as inactive because of my failure to submit my Profit Uniform Business Report/Annual Report.

I spoke to a representative from the reinstatement department who informed me that the forms are mailed to me automatically per calendar year. I did not receive the necessary forms in the mail at the mailing address you have in your records (17300 NE 11<sup>th</sup> Ct. Miami, Fl 33162). I have relocated my business and have a new mailing address and it is most likely that your correspondence was not forwarded to my new address. My new mailing address is P.O. Box 601652 North Miami Beach, Fl 33160-1652.

Please accept this letter as a formal request to have the \$600.00 reinstatement fee waived, since as a new business owner was unaware that this process needed to take place and I did not receive the necessary paperwork in the mail. I have included payment for the fees accrued and will promptly submit my Profit Uniform Business Report/Annual Report in future years. Thank you for your kind consideration.

Sincerely,

Emmanuel Volcy

