

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 13 AM 8:00

DOCUMENT # P02000002890

1. Corporation Name

HANDYMAN EXPRESS, INC.

Principal Place of Business

P O BOX 4144
BOYNTON BEACH FL 33424

Mailing Address

P O BOX 4144
BOYNTON BEACH FL 33424



REINSTATEMENT 03 MRS

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

01/09/2002

5-FEI Number

80-0022613

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 |
|---------------|---|--|-------------------------|
| PD | COHEN, ROBERT | P O BOX 4144 | BOYNTON BEACH FL 33424 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

400023764874
10/13/03--01094--003 **150.00

8. Name and Address of Current Registered Agent

COHEN, ROBERT

80 ATRIUM CIRCLE 9237 Cove Point Circle
LANTANA FL 33462 Boynton Bch. FL.
33437

9. Name and Address of New Registered Agent

Name

ROBERT COHEN

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

9237 Cove Point Circle

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State

FL

Zip Code

33437

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

REGISTERED AGENT MUST SIGN

Date

10-7-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-7-03

Daytime Phone #

561-512-8392

CR2E040 (7/03)

10-7-03

THIS IS THE FIRST
NOTICE I RECEIVED
REGARDING THE RENEWAL
FOR THE UBR.

ENCLOSED IS THE FEE
OF \$150 TO FILE THE REPORT.

THANK YOU :

Robert Loh