

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 15 PM 12:43

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000043416

1. Corporation Name

Reynolds Handyman Services, Inc.

2. Principal Office Address

270 Edgewater Avenue S. E.

Suite, Apt. #, etc.

City & State

Palm Bay, Florida

Zip

32909

Country

Brevard

3. Mailing Office Address

270 Edgewater Avenue S.E.

Suite, Apt. #, etc.

City & State

Palm Bay, Florida

Zip

32909

Country

Brevard

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/22/03

5. FEI Number

11-3665453

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

Paul A. Bouvier (NEW)

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

3210 N. Wickham Road

Suite, Apt. #, Etc.

5

City

Melbourne

State
FL

Zip Code
32935

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/9/03

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
D,P,S,T	William Reynolds	270 Edgewater Avenue S.E.	Palm Bay, Florida 32909

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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Reynolds

10/9/03

Date

321-953-6707

Daytime Phone #

CR2E081 (1/0/02)

g 10/1/06

BOUVIER & ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS

3210 N. Wickham Road, Suite 5 • Melbourne, Florida 32935
Tel. 321/ 752-9967 • Fax 321/ 752-9927

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

RE: P02000043416 - Reynolds Handyman Service, Inc.

To Whom It May Concern:

Our client, Reynolds Handyman Services, Inc. received notice that the corporation was administratively dissolved on September 19, 2003 because the Uniform Business Report was not filed timely.

Our client sent the Uniform Business Report in early July with a letter explaining the original Uniform Business Report was not received before the original due date. They also enclosed a check for the \$150 fee asking that the late fees be waived. We have enclosed a copy of the check (front and back) sent in and cashed by Department of State.

We are requesting the corporation be reinstated and that all fees are waived.

Please feel free to call our office with any questions regarding this matter.

Thank you,

A handwritten signature in black ink, appearing to read 'P. A. Bouvier', with a stylized flourish at the end.

Paul A. Bouvier, CPA