

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

03 OCT 27 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000092648

1. Corporation Name

BEST HANDYMAN IN TOWN, INC.

Principal Place of Business

Mailing Address

3506 N.W. 49TH AVENUE, #MM502
FT. LAUDERDALE FL 33319

3506 N.W. 49TH AVENUE, #MM502
FT. LAUDERDALE FL 33319



REINSTATEMENT

03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/27/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

55-0795110

Not Applicable

Zip

Country

Zip

Country

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| D | ALLEN, SHIRLEY L | 3506 N.W. 49TH AVENUE, #MM502 | FT. LAUDERDALE FL 33319 |
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALLEN, SHIRLEY L
3506 N.W. 49TH AVENUE, #MM502
FT. LAUDERDALE FL 33319

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

REGISTERED AGENT MUST SIGN

Date 10/20/03

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

10/20/03

Date

954 647 3366

Daytime Phone #

CR2E040 (7/03)

Oct. 20, 2003

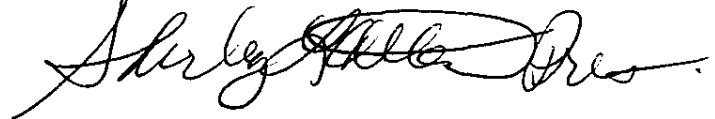
To: Fla. Dept. of State
From: Best Handyman In Town, Inc. #P02000092648
Re: Reinstatement of Corporation

I did not receive the UBR notices mentioned in the Dissolution/ reinstatement package.

Enclosed is the completed reinstatement form along with a check for the appropriate filing fee.

If you have any questions you may contact me (954) 730-8084 or (954)647-3366. The company E-mail address is NelsonBair52@msn.com. The company phone number is (954) 448-4550 and Nelson will answer and be able to answer any questions you may have.

Thank You,

A handwritten signature in black ink, appearing to read "Shirley L. Allen", with a stylized flourish at the end.

Shirley L. Allen; Pres.