

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Page 1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2007 JAN -8 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000121090**

1. Corporation Name

**Jhon Gonzalez Handyman, Inc**

2. Principal Office Address

**8060 Sunset Strip**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**Sunrise FL**

City & State

**Same**

Zip

**33322**

Country

**Broward**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**10-28-03**

5. FEI Number

**20-0342675**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

CR2E081 (12/05)

**7. Name and Address of Current Registered Agent**

Name

**Jhon Gonzalez**

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

**8060 Sunset Strip**

Suite, Apt. #, Etc.

City

**Sunrise**

State

**FL**

Zip Code

**33322**

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

**1/5/07**

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
P.	Jhon Gonzalez	8060 Sunset Strip	Sunrise FL 33322

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 contained in Chapter 119, 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

**1/5/07**

Daytime Phone #

**954-899-1303**

Page 2 of 2

**JHON GONZALEZ HANDYMAN, INC  
8060 SUNSET STRIP  
SUNRISE FL 33322  
954-899-1303**

JANUARY 5, 2007

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

TO WHOM IT MAY CONCERN,

PLEASE SEE ATTACHED OUR CORPORATION REINSTATEMENT  
FORM TO REINSTATE MY COMPANY. I NEVER RECEIVED THE  
RENEWAL NOTICE FOR 2004. I CALLED AND SPOKE WITH A  
REPRESENTATIVE WHO ADVISED ME TO SUBMIT THIS LETTER  
ALONG WITH MY APPLICATION WITH THE \$600.00 FEE.

PLEASE REINSTATE MY CORPORATION ASAP.

SINCERELY,

  
JHON GONZALEZ