
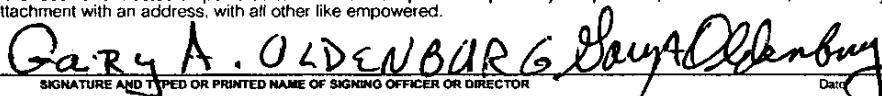


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000140929</b> 1. Entity Name <b>BONDED LICENSED INSURED BUILDING CONTRACTOR &amp; HANDYMAN INC.</b>						<b>FILED</b> <b>08 FEB 15 PM 4:44</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>5601 YAHL STREET</b> <b>UNIT 3</b> <b>NAPLES, FL 34109</b>				Mailing Address <b>5601 YAHL STREET</b> <b>UNIT 3</b> <b>NAPLES, FL 34109</b>			
2. Principal Place of Business - No P.O. Box # <b>6108 JAMES LANE</b> Suite, Apt. #, etc. <b>UNIT # 4</b> City & State <b>NAPLES FLORIDA</b> Zip <b>34109</b> Country <b>COLLIER</b>				3. Mailing Address <b>6108 JAMES LANE</b> Suite, Apt. #, etc. <b>UNIT # 4</b> City & State <b>NAPLES FLORIDA</b> Zip <b>34109</b> Country <b>USA</b>			
4. FEI Number <b>20-0416692</b>				Applied For <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				6. Name and Address of Current Registered Agent <b>STANGE, JOANN</b> <b>71 BURNING TREE DRIVE</b> <b>NAPLES, FL 34105</b>			
7. Name and Address of New Registered Agent Name <b>Peyton, Michael R.</b> Street Address (P.O. Box Number is Not Acceptable) <b>626 99th. Ave. N.</b> City <b>Naples</b> FL Zip Code <b>34108</b>				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 			
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OLDERBURG, GARY A		NAME	GARY A. OLDENBURG			
STREET ADDRESS	5601 YAHL STREET		STREET ADDRESS	6108 JAMES LANE #4			
CITY-ST-ZIP	NAPLES, FLORIDA, FL 34109		CITY-ST-ZIP	NAPLES FLORIDA 34109			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <b>GARY A. OLDENBURG</b> 							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							
Date: <b>FEB 13 2008</b>							
Daytime Phone: <b>239-370-1128</b>							