

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000142578

Entity Name: ARTESIAN HANDYMAN SERVICES INC.

FILED
Nov 05, 2004
Secretary of State

Current Principal Place of Business:

4201 WITHERINGTON PLACE
MASCOTTE, FL 34753

New Principal Place of Business:

4201 WORTHINGTON PLACE
MASCOTTE, FL 34753 US

Current Mailing Address:

4201 WITHERINGTON PLACE
MASCOTTE, FL 34753

New Mailing Address:

4201 WORTHINGTON PLACE
MASCOTTE, FL 34753 US

FEI Number: 20-0432181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, ANIVAL
4201 WORTHINGTON PLACE
MASCOTTE, FL 34753 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOPEZ, ANIVAL
Address: 4201 WITHERINGTON PLACE
City-St-Zip: MASCOTTE, FL 34753

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOPEZ, ANIVAL
Address: 4201 WORTHINGTON PLACE
City-St-Zip: MASCOTTE, FL 34753 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANIVAL LOPEZ

P

11/05/2004

Electronic Signature of Signing Officer or Director

Date