

pg 1 of 2

2004 FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000155771	
1. Entity Name HANDYMAN HOLLIDAY INC	



FILED
04 DEC 13 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7698 TIMBER RIVER CIR ORLANDO, FL 32807	Mailing Address 2313 S BUMBY AVE C ORLANDO, FL 32807
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2. Principal Place of Business 3316 Bishop Parker - 714		3. Mailing Address 2313 S. Bumby Ave	
City & State Winter Park FL		City & State Orlando FL	
Zip 32792	Country Orange	Zip 32806	Country Orange

10202004 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent HOLLIDAY, JOHN 2313 SBUMBY AVE C ORLANDO, FL 32806		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner John Holliday 3316 Bishop Parker Dr Winter Park FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ Date: **11/11/04**

11/11/04

Attention to whom this concerns

I did not receive notice that
I had to renew being incorporated
I did not know I had to reinstate
their form I am enclosing
\$150.00 for the fee I should be
paying. Please notify me of any
charges by calling me at 407-657-3600

Sincerely, John Volley