2004 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT			
DOCUMENT # P03000155771			FILED
1. Entity Name HANDYMAN HOLLIDAY INC			04 DEC 13 PM 2: 11
			SECRETARY OF STATE
Principal Place of Business	Mailing Address		SECRETARY OF STATE TALLAHASSEE, FLORIDA
7698 TIMBER RIVER CIR Orlando, Fl. 32807	2313 S BUMBY AVE C	•	
	ORLANDO, FL 32807		I ISANTANI KII ADARA NKII BAHII ATAN AKAN NIBI KAKAD ANKI TARII KTATI KTATI II IARI
2. Principal Place of Business 3. Mailing Address 23/35. Bus		Bumby Ave	
Suite: Apr. F. C.S.	Suite, Apt. #, etc.	77700	10202004 REIN-P CR2E098 (6/04)
City & State	City & State		4. FEI Number Applied For
Winter Park F Zip Country	1 orlando	Country	56-24605 75 Not Applicable 5 Continue of Status Region S8.75 Additional
31792 Orange	32806	Drange	5. Certificate of Status Desired Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name			
HOLLIDAY, JOHN 2313 SBUMBY AVE		Street Address	(P.O. Box Number is Not Acceptable)
C ORLANDO, FL 32806			
		City	FL Zip Code
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. Lam familiar with, and accept the obligations of registered agent.			
SIGNATURE			
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00			
- 1.40-	AND DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME John Hollia	lay Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS 3816 B Shope	Parn Dr	STREET ADDRESS CITY-ST-ZIP	10/4
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	2	NAME STREET ADDRESS CITY-ST-ZIP	ル/気号249.667-519 ⁹ 暴売。.00
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-S1-ZIP	1	NAME STREET ADDRESS CITY-ST-ZIP	N/A
OTLE" - STATE STAT	- Delete -	TITLE	☐ Change ☐ Addition
STREET ADDRESS CITY-SI-ZIP	4	STREET ADDRESS CITY-ST-ZIP	My San,
TITLE NAME 4 / 2	☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS CITY-S1-ZIP	7	STREET ADDRESS CITY-ST-ZIP	NA
TITLE .	☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	14/2
12. I hereby certify that the information supplied with this filling 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: /////////			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dale Daytime Phone #			

Attention to whom this concerns I did not receive notice that I had to renew being incorported of did not know I had to reinstite Their fore I am endoring \$150.00 for-the fee d'should be paying. Please notify me of any Charges by calling me at 407-65 73600 Lincerle Shellity