2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000020241

Entity Name: TGB HANDYMAN SERVICES, INC

FILED Oct 19, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

18102 LIVINGSTON AVE 905 EASTWOOD DR

LUTZ, FL 33549 BRANDON, FL 33511 US

Current Mailing Address: New Mailing Address:

PO BOX 6765 11705 BOYETTE RD SEFFNER, FL 33583 US

RIVERVIEW, FL 33569 US

FEI Number: 20-0182314 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BATRONIE, JENNIFER L BATRONIE, TIMOTHY G 905 EASTWOOD DR 18102 LIVINGSTON AVE LUTZ, FL 33549 BRANDON, FL 33511 US

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: TIMOTHY BATRONIE 10/19/2005

> 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: () Delete BATRONIE, TIMOTHY G Name: 18102 LIVINGSTON AVE Address: City-St-Zip: LUTZ, FL 33549 US

Title: VΡ () Delete BATRONIE, JENNIFER L Name: 18102 LIVINGSTON AVE Address: LUTZ, FL 33549 US City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition Title: BATRONIE, TIMOTHY G PRES Name: Address: 905 EASTWOOD DR City-St-Zip: BRANDON, FL 33511 US

Title: VΡ (X) Change () Addition

BATRONIE. TIMOTHY G Name: Address: 905 EASTWOOD DR BRANDON, FL 33511 US City-St-Zip:

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.

Ρ SIGNATURE: TIMOTHY BATRONIE 10/19/2005