

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRET  
DIVISION

10 JUL 20 AM 11:33

DOCUMENT # P04000043429

1. Corporation Name

Winpat Handyman Services, Inc.

2. Principal Office Address - No P.O. Box #

22401 Southeast 62<sup>nd</sup> Ave

Suite, Apt. #, etc.

Hawthorne, FL

City & State

32640

Zip

32640

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

B 7/21/10  
**REINSTATEMENT** 08-10

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

3/8/2004

5. FEI Number

20-2426883

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Winston R. Patience

Street Address (P.O. Box Number is Not Acceptable)

22401 South East 62<sup>nd</sup> Ave

Suite, Apt. #, Etc.

Hawthorne, FL

City

State  
**FL**

Zip Code

32640

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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07/20/10--01039--006 \*\*450.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Winston Patience  
REGISTERED AGENT MUST SIGN

Date 5/8/10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>President</u>	<u>Winston R. Patience</u>	<u>22401 South East 62<sup>nd</sup> Ave</u>	<u>Hawthorne, FL 32640</u>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Winston Patience  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/10

Date

352 3285924

Daytime Phone #