

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JAN 18 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO4 000047361

1. Corporation Name

J & K handyman Inc.

2. Principal Office Address

593 LAGOON DR

Suite, Apt. #, etc.

3. Mailing Office Address

593 LAGOON DR

Suite, Apt. #, etc.

City & State

DAVIEDO FL

Zip

32765

Country

US

City & State

DAVIEDO FL

Zip

32765

Country

US

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

March 16 2004

5. FEI Number

870725901

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

JERRY G. ZAFFIS

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

593 LAGOON DR

Suite, Apt. #, Etc.

400063882984
01/17/06--01025--004 ***300.00

City

DAVIEDO

State

FL

Zip Code

32765

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

[Signature]

REGISTERED AGENT MUST SIGN

Date JAN. 7, 2006

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>Pres</u>	<u>JERRY G. ZAFFIS</u> <u>DIRECTOR</u>	<u>593 LAGOON DR</u>	<u>DAVIEDO FL 32765</u>

REINSTATEMENT 05-06

T. Roberts JAN 30 2006

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:

[Signature]

JERRY G. ZAFFIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/06

Date

407-402-4549

Daytime Phone #

Florida Department of State
Division of Corrections

To Whom It May Concern:

My name is Jerry Zaffis and I am the President of J and K Handyman, Inc. I recently received a notice of reinstatement for my company. I called your department requesting a name change to Platinum Renovations. At this time, I was made aware of that fact that I needed to file the Articles of Amendment for 2005. I never received notification in the mail in reference to filing. When I spoke with a representative of your department, I was informed that I should file after the first of the year with a written explanation. I was also told that the enclosed \$300.00 would satisfy the fees due for 2005 and 2006. I have also included a \$35.00 check needed to change the name of my corporation. Thank you for your consideration in this matter. Feel free to contact me if further information is needed.

Sincerely;



Jerry G. Zaffis
jzaffis23@hotmail.com
(407) 402-4549