

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


**FILED**

08 DEC 30 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400139407354  
12/31/08--01078--008 \*\*300.00  
CR2E081 (10/08)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000086453

1. Corporation Name

HANDYCO, INC.

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

4516 Lake Benji Ct

Suite, Apt. #, etc.

3. Mailing Office Address

4516 Lake Benji Ct

Suite, Apt. #, etc.

City & State

Mount Dora

City & State

Mount Dora

Zip

32757

Country

USA

Zip

32757

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida 06/02/04

5. FEI Number  
201191095

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  
Michael Handy

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

4516 Lake Benji Ct

Suite, Apt. #, Etc.

City  
Mount Dora

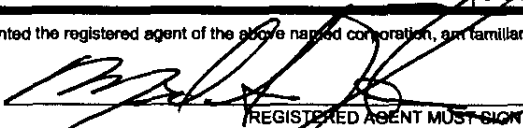
State  
FL

Zip Code  
32757

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.

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



REGISTERED AGENT MUST SIGN

Date 11/3/2008

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   |
|--------|-----------------------------------|--|----------------------|
| Pres   | Michael Handy                     | 4516 Lake Benji Ct.                            | Mount Dora, FL 32757 |
| Scty   | Melessa Handy                     | 4516 Lake Benji Ct                             | Mount Dora, FL 32757 |
| VP     | Dean Handy                        | 9 N Lake Cortez Dr                             | Apopka, FL 32703     |
|        |                                   |  |                      |
|        |                                   |  |                      |
|        |                                   |  |                      |

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:  MICHAEL S. HANDY Date 11-3-08 Daytime Phone #