## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000002708

Entity Name: A HANDY SOLUTION INC

WEIL, DONNIELLE M

TAMPA, FL 33629 US

4420 KENSINGTON AVE

Name:

Address:

City-St-Zip:

FILED Aug 14, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4420 W KENSINGTON AVE TAMPA, FL 33629 **Current Mailing Address: New Mailing Address:** 4420 W KENSINGTON AVE TAMPA, FL 33629 FEI Number: 75-3178606 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: WEIL, JOSE A 4420 W KENSINGTON AVE TAMPA, FL 33629 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: JOSE A. WEIL 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition WEIL, JOSE A Name: Name: 4420 W KENSINGTON AVE Address: Address: City-St-Zip: TAMPA, FL 33629 US City-St-Zip: Title: VΡ Title: () Delete () Change () Addition WEIL. DONNIELLE M Name: Name: 4420 W KENSINGTON AVE Address: Address: TAMPA, FL 33629 US City-St-Zip: City-St-Zip: Title: TREA Title: ( ) Delete () Change () Addition WEIL, JOSE A Name: Name: 4420 W KENSINGTON AVE Address: Address: City-St-Zip: TAMPA, FL 33629 US City-St-Zip: Title: SEC ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOSE A. WEIL PD 08/14/2008