

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000017066

1. Entity Name  
M & M GENERAL HANDYMEN, INC



Principal Place of Business  
2903 RAMADA DR APT 281  
TAMPA, FL 33613

Mailing Address  
2903 RAMADA DR APT 281  
TAMPA, FL 33613

2. Principal Place of Business - No P.O. Box #  
**1008 BOUGHAVILLE RD E**  
Suite, Apt. #, etc.

3. Mailing Address  
**SAME AS ABOVE**  
Suite, Apt. #, etc.

City & State  
**LEHIGH ACRES FL.**

City & State

Zip  
**33936**

Country  
**USA**

Zip

Country

02202007 REIN-P CR2E098 (1/07)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARIN, MESIAS A  
2903 RAMADA DR APT 281  
TAMPA, FL 33613

Name  
**MESIAS A. MARIN**

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

**1008 BOUGHAVILLE RD E**

City  
**LEHIGH ACRES**

FL

Zip Code  
**33936**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/2/2007**

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MARIN, MESIAS  
2903 RAMADA DR APT 281  
TAMPA, FL 33613 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/2/2007 239 470 1481**

FILED  
2007 MAR -5 AM 11:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT 06-07**

**000093757420**  
**03/20/07--01012--010 \*\*300.00**