

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 MAR -5 A 7:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/08)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000017761

1. Corporation Name

Ed's Handyman Service of
Hernando County INC

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

2100 Marble Av.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 15731

Suite, Apt. #, etc.

City & State

Springhill FL

Zip Country

34609 Hernando

City & State

Brooksville FL

Zip Country

34604 Hernando

**4. Date Incorporated or Qualified
To Do Business in Florida**

May 8, 2005

5. FEI Number

None

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

Stacy Kissinger

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

2100 Marble Avenue

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34609

☒ 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

Stacy Kissinger

REGISTERED AGENT MUST SIGN

Date 03-03-09

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
P	Edmund R. Kissinger	2100 Marble Av.	Springhill FL 34609

REINSTATEMENT

06-09

300145049603
03/05/09--01024--030 **600.00

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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:

Edmund R. Kissinger Edmund R. Kissinger

Date

Daytime Phone #

03-03-09 352-232-5477