

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000046997

1. Entity Name  
SUPER HANDY INC.



FILED

07 JAN -3 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6354 SEXTANT CT.  
ORLANDO, FL 32807 US

Mailing Address  
6354 SEXTANT CT.  
ORLANDO, FL 32807 US

2. Principal Place of Business

2058 Great Falls Way  
Suite, Apt. #, etc.

3. Mailing Address

2058 Great Falls Way  
Suite, Apt. #, etc.

City & State  
Orlando FL

Zip  
32824

Country  
US

City & State  
Orlando FL

Zip  
32824

Country  
US

4. FEI Number  
20-2630890

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROMAN, JONATHAN C  
6354 SEXTANT CT.  
ORLANDO, FL 32807

7. Name and Address of New Registered Agent

Name

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

2058 Great Falls Way

City Orlando

FL

Zip Code 32824

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

*Jonathan C Roman*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$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 P  
NAME ROMAN, JONATHAN C  
STREET ADDRESS 6354 SEXTANT CT.  
CITY-ST-ZIP ORLANDO, FL 32807 ☐ Delete

TITLE VP  
NAME SAAVEDRA, LEGNANET  
STREET ADDRESS 6354 SEXTANT CT.  
CITY-ST-ZIP ORLANDO, FL 32807 ☐ 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  
500092952195  
01/03/07--01024--003 \*\*150.00

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 another like empowered.

SIGNATURE:

*Jonathan C Roman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #