

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND

06 DEC 20 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000050595

1. Entity Name
C & N HANDYMAN SERVICES, INC.



Principal Place of Business
3719 TAM DR.
ORLANDO, FL 32808

Mailing Address
3719 TAM DR.
ORLANDO, FL 32808

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10292006

REIN-P

CR2E098 (11/05)

4. FEI Number

54-2174844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAWRENCE, CHERYL
3719 TAM DR.
ORLANDO, FL 32808

Name

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

City

FL

Zip Code

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MORGAN, NOEL ☐ Delete
STREET ADDRESS 3719 TAM DR.
CITY-ST-ZIP ORLANDO, FL 32808

TITLE 100082679641 ☐ Change ☐ Addition
NAME 12/20/06--01040--007 ***150.00
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME LAWRENCE, CHERYL ☐ Delete
STREET ADDRESS 3719 TAM DR.
CITY-ST-ZIP ORLANDO, FL 32808

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

REINSTATEMENT

06

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/06

Date

Daytime Phone #