

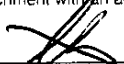


2006 FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000060189 1. Entity Name LOFTI'S HANDYMAN, INC.						FILED 07 JAN -2 AM 10:46 DEPT. OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1182 SE ORIENTAL AVENUE PORT ST LUCIE, FL 34952				Mailing Address 1182 SE ORIENTAL AVENUE PORT ST LUCIE, FL 34952			
2. Principal Place of Business 4382 SW Applesseed Rd. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 4382 SW Applesseed Rd. <small>Suite, Apt. #, etc.</small>		 12282006 REIN-P CR2E098 (1006) - 07			
City & State PSL FL		City & State PSL, FL		4. FEI Number 20-312-7792		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 34953 Country USA		Zip 34953 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KEANE, GREGORY G 1000 SE MONTEREY COMMONS BLVD SUITE 202 STUART, FL 34996				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
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 D <input type="checkbox"/> Delete NAME LOFTUS, STEPHEN G STREET ADDRESS 1182 SE ORIENTAL AVENUE CITY-ST-ZIP PORT ST LUCIE, FL 34952				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 100082912041 STREET ADDRESS 01/02/07--01054--008 **300.00 CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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:  STEPHEN G. LOFTUS - President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 12-29-06 Daytime Phone 772-708-4089			