

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 AUG 11 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Rick's Handyman, Inc.

P05000115422

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

2560 Johnson Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

2560 Johnson Dr.

Suite, Apt. #, etc.

City & State

Titusville FL

Zip

32796

Country

US

City & State

Titusville FL

Zip

32796

Country

US

10-11

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

3/7/07

5. FEI Number

20-3338279

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

Ricky J Heiney

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

2560 Johnson Dr.

Suite, Apt. #, Etc.

City

Titusville

State

FL

Zip Code

32796

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08/10/11--01026--004 **900.00

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

Ricky J Heiney

REGISTERED AGENT MUST SIGN

Date 8/8/11

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/T	Ricky J Heiney	2560 Johnson Dr.	Titusville FL 32796

10. E-mail Address: heiney1mr1@aol.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Ricky J Heiney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/11

Date

321-243-5048

Daytime Phone #