


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

City & State Titusville FL

Zip 32796 Country US 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

900210928479  
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 Date 8/8/11  
REGISTERED AGENT MUST SIGN

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

at

10. E-mail Address: heiney1mrl@aowl.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 Date 8/8/11 321-243-5048  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #