PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM				Secretar	TMENT OF ST y of State corporations	ATE		F L 10 FEB 24	1. 4.5	
DOCUMENT # P07000107593 1. Corporation Name							ALLAHASSEE, FLORIDA				
A.Y.S. HANDYMAN, INC.								REINSTATEMENT			
•	al Office Addre			3. Mailing C	3. Mailing Office Address			0272	4/1001037 CR2E081 (1		
Suite, Apt. #, etc.				Suite, Apt. #,	Suite, Apt. #, etc.			4. Date Incorp	orated or Qualified	/2007	
City & State MILTON, FLORIDA				City & State	City & State			To Do Business In Florida 09/28/2007 5. FEI Number			
Zip 32583			Zip	Zip			6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		\$8.75 Additional Fee required		
7. Name and Address of Current Registered Agent											
NORTH FLORIDA ECONOTAX, INC								☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement			
Street Address (P.O. Box Number is Not Acceptable) 284 N EGLIN PARKWAY Suite, Apt. #. Etc.											
City FORT WALTON BEACH						State Zip Code			fee be waived.		
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 Date Taken 22, 2010 REGISTERED AGENT MUST SIGN											
9. Names	and Street Ad	ldresses	of Each Office	and/or Director (Fl	orida nonpre	ofit corporations must	list at lea	st 3 directors)	r		
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director					State / Zip	
Р	DANA R VARBLE				9053 TARA CIRCLE			LE	MILTON F	L 32583	
									A. MILLIGAN EXAMINER		
									FEB 2	5 2010	
10. E-mail Address: WHITTE 1968@ HOTMAIL . 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 617.0401, F.S., 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.											
SIGNA	TURE:	lan	SIGNATURE A	/ MUSS ND TYPED OR PRINT	ED NAME O	F SIGNING OFFICER OF	AK/5/ R DIRECTO	OR .	Date	Daytime Phone #	