

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 10 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000104136

1. Corporation Name

HANDY MAN FOR HIRE, INC.

Principal Place of Business

~~18826 CLOUD LAKE CIRCLE~~
~~BOCA RATON FL 33496~~

Mailing Address

~~18826 CLOUD LAKE CIRCLE~~
~~BOCA RATON FL 33496~~

REINSTATEMENT 03



200025385672
12/10/03--01022--022 **150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

16333 VALENCIA BLVD.

Suite, Apt. #, etc.

~~Loxahatchee, FL~~

Loxahatchee, FL.

Zip 33470

Country U.S.

3. New Mailing Office Address, If Applicable

16333 VALENCIA BLVD.

Suite, Apt. #, etc.

~~Loxahatchee, FL~~

Loxahatchee, FL.

Zip 33470

Country U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/1999

5. FEI Number

65-0972244

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	WHEELER, THOMAS	18826 CLOUD LAKE CIRCLE	BOCA RATON FL 33496
PSD	Wheeler Thomas	16333 Valencia Blvd.	Loxahatchee, FL. 33470

8. Name and Address of Current Registered Agent

~~WHEELER, THOMAS~~
~~18826 CLOUD LAKE CIRCLE~~
~~BOCA RATON FL 33496~~

9. Name and Address of New Registered Agent

Name Wheeler Thomas

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

16333 VALENCIA BLVD.

Suite, Apt. #, Etc.

City

Loxahatchee, FL.

State

FL

Zip Code

33470

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Thomas M. Wheeler

REGISTERED AGENT MUST SIGN

Date

11/28/03

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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

Thomas M. Wheeler Thomas M. Wheeler 11/28/03 561-756-4395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)



HANDYMAN FOR HIRE INC.

18826 Cloud Lake Circle ~ Boca Raton, Fl. 33496
Phone 561-756-4395 ~ Fax 561-451-9331

November 28, 2003

Dear Florida Department of State,

I Thomas M. Wheeler owner of HANDY MAN FOR HIRE INC. didn't receive my 2003 Corporation report.
By no means would I forget to send my \$150.00.

Thank you,

Thomas M. Wheeler