


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000127028		
1. Entity Name VERO GELATO INC.		

FILED
05 DEC -2 AM 10: 55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business ATTN: GINO MARCONI 5433 N.UNIVERSAL DR. #172 LAUDERHILL, FL 33351	Mailing Address ATTN: GINO MARCONI 5433 N.UNIVERSAL DR. #172 LAUDERHILL, FL 33351
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10262005 REIN-P CR2E098 (6/04)


2. Principal Place of Business 301 Clematis St Suite, Apt. #, etc. 3000 City & State West Palm Beach, FL Zip 33401 Country W Palm Beach	3. Mailing Address 5433 N University Dr. Suite, Apt. #, etc. #172 City & State Lauderhill, FL Zip 33351 Country Broward
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4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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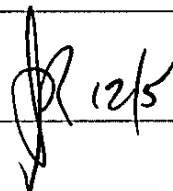
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent AGENTS AND CORPORATIONS, INC. STE E 773 4TH AVE N NAPLES, FL 34102

7. Name and Address of New Registered Agent Name Gino Marconi Street Address (P.O. Box Number is Not Acceptable) 5433 N University Drive. #172 City Lauderhill FL Zip Code 33351
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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 	DATE 11-22-05
<small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPT MARCONI, GINO 1284 CROWN TERR MARIETTA, GA 30062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	50006187 <input type="checkbox"/> Add 12/05/05--01002--007 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCONI, MARIA 1284 CROWN TERR MARIETTA, GA 30062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	DATE 11-22-05 DAYTIME PHONE 861-929-6382
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	