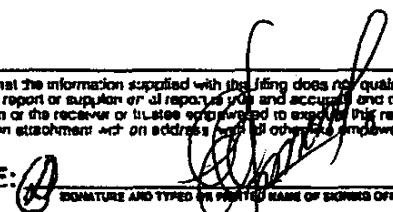
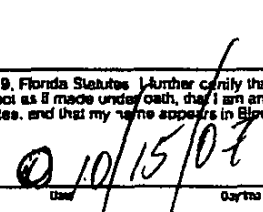


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 OCT 17 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000043768			
1. Entity Name HANDY ROMERO, INC.			
Principal Place of Business 830 HI ST LW - X - LAKE WORTH, FL 33461		Mailing Address 830 HI ST LW - X - LAKE WORTH, FL 33461	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ROMERO, ERNESTO A 830 HI ST LAKE WORTH, FL 33461-3032		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature of Registered Agent required when reinstating.			
 FILE NOW! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE NAME STREET ADDRESS CITY ST ZIP D ROMERO, ERNESTO A 830 HI ST LAKE WORTH, FL 334613032 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition 600110919436 10/17/07--01070--015 **150.00	TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supersedes all reports previously filed 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 appointed 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 list of officers and directors.			
SIGNATURE: 		 Date: 10/15/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

B. Mitchell OCT 17 2007