10/15/2007 14:42 FAX 001/002

FILED

07 OCT 17 AM 10: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000043768

1. Entity Name
HANDY ROMERO, INC.

Principal Place of Business	Mailing Address
830 HI ST LW - X - LAKE WORTH, FL 33461	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

10152007 REIN-P CR2E098 (1/07) 07

REINSTATEMENT

4. FEI Number 83-0424227 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROMERO, ERNESTO A 830 HI ST LAKE WORTH, FL 33461-3032	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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00 K
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 10	
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
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

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 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: [signature] 10/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell OCT 17 2007