2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 08, 2005
Secretary of State

DOCUMENT# P95000069669

Entity Name: HANDSOME, INC.

Current Principal Place of Business:

2011 DELTA BLVD
#A
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

P.O. BOX 15855
TALLAHASSEE, FL 32317 US

Current Mailing Address:

POST OFFICE BOX 15855
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-3338610 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POWERS, RICHARD M P.A.
701 BARNETT BANK BUILDING
315 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

POWERS, RICHARD M P.A.
2104 DELTA WAY
SUITE 6
TALLAHASSEE, FL 32303 US

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.

SIGNATURE: RICHARD M. POWERS 09/08/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: SHOVLAIN, PAUL J
Address: POST OFFICE BOX 15855 N/A
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: SHOVLAIN, PAUL J
Address: POST OFFICE BOX 15855
City-St-Zip: TALLAHASSEE, FL 32317

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL J. SHOVLAIN PSTD 09/08/2005
Electronic Signature of Signing Officer or Director Date