


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000033396 1. Entity Name 270 SOUTH COUNTY ROAD CORP.	
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FILED
09 MAY 15 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 250 WORTH AVE PALM BEACH, FL 33480	Mailing Address 250 WORTH AVE PALM BEACH, FL 33480
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 65-0671953	Applied For Not Applicable
Zip	Country	Zip	Country

REINSTATEMENT 08-09

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HANDELSMAN, BURTON 250 WORTH AVE PALM BEACH, FL 33480		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$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	PD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANDELSMAN, STEVE			NAME	HANDELSMAN, STEVEN		
STREET ADDRESS	18 HOTEL DR.			STREET ADDRESS	7 LOVE LANE		
CITY-ST-ZIP	WHITE PLAINS, NY			CITY-ST-ZIP	HARRISON, NY 10528		
NAME	VP	<input type="checkbox"/> Delete		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STOCKER, MARSHA			STREET ADDRESS			
CITY-ST-ZIP	5 LOVE LANE			CITY-ST-ZIP			
CITY-ST-ZIP	HARRISON, NY			CITY-ST-ZIP			
NAME	AS	<input type="checkbox"/> Delete		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	HANDELSMAN, BURTON			STREET ADDRESS	200155972792		
CITY-ST-ZIP	250 WORTH AVE			CITY-ST-ZIP	05/14/09--01008--024 **150.00		
CITY-ST-ZIP	PALM BCH, FL 33480			CITY-ST-ZIP			
NAME	AS	<input type="checkbox"/> Delete		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	HANDELSMAN, LUCILLE			STREET ADDRESS			
CITY-ST-ZIP	250 WORTH AVE			CITY-ST-ZIP			
CITY-ST-ZIP	PALM BEACH, FL 33480			CITY-ST-ZIP			
NAME	AS	<input checked="" type="checkbox"/> Delete		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	HANDELSMAN, SANDY			STREET ADDRESS			
CITY-ST-ZIP	3 LOVE LANE			CITY-ST-ZIP			
CITY-ST-ZIP	HARRISON, NY			CITY-ST-ZIP			
NAME		<input type="checkbox"/> Delete		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

03/28/08 90020 014 \$150.00

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: _____ DATE: 4/23/09 DAYTIME PHONE: _____

005/18