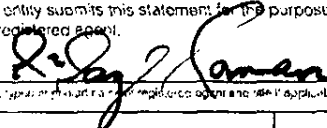


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
08 DEC 30 PM 4: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000057919					
1. Entity Name D. DARYL ROMANO, P.A.					
Principal Place of Business 112 S MAGNOLIA AVE STE 220 TAMPA, FL 33606 US			Mailing Address P.O. BOX 20073 TAMPA, FL 33622		
2. Principal Place of Business - No P.O. Box # 28870 US Hwy 19 N Suite Apt. # etc. Suite 300			3. Mailing Address P.O. Box 20073 Suite Apt. #, etc.		
City & State Clearwater, FL			City & State Tampa, FL		
Zip 33761		Country USA		4. FEI Number 59-3520143	
Zip 33622		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROMANO, D DARYL 112 S MAGNOLIA AVE STE 220 TAMPA, FL 33606			7. Name and Address of New Registered Agent Name * Change as to address only Street Address (P.O. Box Number is Not Acceptable) 28870 US Highway 19 North Suite 300 City Clearwater, FL 33761 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  12.18.08 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, 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 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVP ROMANO, D. DARYL 112 S MAGNOLIA AVE STE 220 TAMPA, FL 33606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVP Romano, D. Daryl 28870 US Highway 19 North Clearwater, FL 33761	☒ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100139376501 12/30/08--01081--015 **150.00	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
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 supplementary 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, changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  12.18.08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					