2008 FOR PROFIT CORPORATION REINSTATEMENT

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

REINSTATEMENT 08

DOCUMENT # P98000057919

1. Entity Name
D. DARYL ROMANO, P.A.

Principal Place of Business	Mailing Address
112 S MAGNOLIA AVE STE 220 TAMPA, FL 33606 US	P.O. BOX 20073 TAMPA, FL 33622

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
28870 US Hwy 19 N	P.O. Box 20073
Suite, Apt. # etc.: Suite 300	Suite, Apt. #, etc.:
City & State: Clearwater, FL	City & State: Tampa, FL
Zip: 33761 Country: USA	Zip: 33622 Country: USA

4. FEI Number: 59-3520143 ☐ 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
ROMANO, D DARYL 112 S MAGNOLIA AVE STE 220 TAMPA, FL 33606	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: [signature] DATE: 12.18.08
Signature, typed or printed name of registered agent and title if applicable. (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		
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 ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100139376501 12/30/08--01081--015 **150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	$ 1/8	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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

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] 12.18.08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone