

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN -2 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M73280**

1. Corporation Name

SPECTRE GROUP, INCORPORATED

Principal Place of Business

Mailing Address

804 EAST 11TH AVENUE
NEW SMYRNA BEACH FL 32169-3304

804 EAST 11TH AVENUE
NEW SMYRNA BEACH FL 32169-3304



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/22/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	BARNETT, LEROY E.	804 EAST 11TH AVE.	NEW SMYRNA BEACH FL
			400002050234--6 -01/08/97--01036--022 ****375.00 ****375.00
			JBI-397

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARNETT, LEROY E.
804 EAST ELEVENTH AVE.
NEW SMYRNA BEACH FL

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Handwritten signature of Leroy E. Barnett

REGISTERED AGENT MUST SIGN

Date

27 Dec 1996

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Handwritten signature of Leroy E. Barnett

29 DEC 1996

904 248-1775

CFR2040 (7/86)