

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L37874

FILED
May 21, 2007
Secretary of State

Entity Name: SPECTRE OF NAPLES, INC.

Current Principal Place of Business:

3838 TAMIAMI TRAIL N
#416
NAPLES, FL 34103 US

New Principal Place of Business:

9657 SUMMER PL
NAPLES, FL 34109 US

Current Mailing Address:

3838 TAMIAMI TRAIL N
3838 TAMIAMI TRAIL N. #416
NAPLES, FL 34103 US

New Mailing Address:

9657 SUMMER PL
NAPLES, FL 34109 US

FEI Number: 65-0512488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FELDEN, CHRISTIAN B.
3838 TAMIAMI TRAIL NORTH 3416
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

HANES, DAVID L PRES.
9657 SUMMER PL
NAPLES, FL 34109 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: DAVID L. HANES

05/21/2007

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: D () Delete
Name: HANES, DAVID L.,
Address: 9657 SUMMER PLACE
City-St-Zip: NAPLES, FL

Title: D () Delete
Name: HANES, PATRICIA C.,
Address: 9657 SUMMER PLACE
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HANES, DAVID L.,
Address: 9657 SUMMER PLACE
City-St-Zip: NAPLES, FL 34109

Title: D (X) Change () Addition
Name: HANES, CONSTANCE P.,
Address: 9657 SUMMER PLACE
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID L. HANES

PRES

05/21/2007

Electronic Signature of Signing Officer or Director

Date