

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

96 OCT -2 PM 12: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L69018**

1. Corporation Name
SPECTRUM ENTERPRISES, INC.

Principal Place of Business 2809 W. HIGHWAY 434 SUITE 101 LONGWOOD FL 32779-4883 US	Mailing Address 2809 W. HIGHWAY 434 SUITE 101 LONGWOOD FL 32779-4883 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. SUITE 101 City & State Zip 32779-4883 Country	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. SUITE 101 City & State Zip 32779-4883 Country	4. Date Incorporated or Qualified To Do Business In Florida 04/30/1990
5. FEI Number 59-3012600		Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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
D	ZABRISKIE, STEVEN K.	2809 W. HIGHWAY 434 STE 101	LONGWOOD FL 32779-4883
D	ZABRISKIE, KENNETH L.	940 DOUGLASS AVE STE 106	ALTAMONTE SPRINGS FL
DELETE			
800001976688--2 -10/16/96--01047--006 ****200.00 ****200.00			
JG 10/95			

8. Name and Address of Current Registered Agent ZABRISKIE, STEVE 2809 W. HIGHWAY SUITE 101 LONGWOOD FL 32779	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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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 *Steve Zabriskie* Date **9/27/96**
REGISTERED AGENT MUST SIGN

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: *Steve Zabriskie* 9/27/96 407-988-1685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2040 (7/96)

Spectrum Enterprises

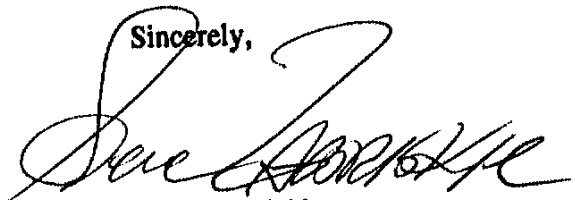
September 27, 1996

Florida Department of State
Division of Corporations
Annual Reports Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Gentlemen:

Enclosed please find our reinstatement report and a filing fee of \$200 per a telephone conversation with your office. Spectrum Enterprises did not receive either a first or second filing notice prior to receiving a reinstatement notice. Please note changes made on the enclosed form.

Sincerely,



Steve Zabriskie
President