

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV -4 AM 8:01

DOCUMENT # P00000054992

1. Corporation Name

SPECTRUM COMMUNICATIONS MEDIA GROUP, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1328
OLDSMAR FL 34677

P.O. BOX 1328
OLDSMAR FL 34677



REINSTATEMENT 02

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

146 4th Ave N.
Suite, Apt. #, etc.
Safety Harbor FL
City & State

146 4th Ave N
Suite, Apt. # etc
Safety Harbor, FL
City & State

4. Date Incorporated or Qualified
To Do Business in Florida

05/30/2000

5. FEI Number

59-3652057

Applied For

Not Applicable

Zip Country
34695 USA

Zip Country
34695 USA

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SILVA, LINDA	1929 BAYSHORE COURT 300 PARK BLVD.	SAFETY HARBOR FL 34695 Oldsmar, FL 34677
VD	HALL, JACK	300 PARK BLVD.	OLDSMAR FL 34677

300008788083
11/04/02--01085--013 **758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SILVA, LINDA
1929 BAYSHORE COURT
SAFETY HARBOR FL 34695

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. or 617.0505, F.S.

Signature of
Registered Agent

Linda Silva
REGISTERED AGENT MUST SIGN

Date

11-1-02

11. 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.

727-724-8433

SIGNATURE:

Linda Silva
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AD

CR2E040 (8/02)