

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 OCT 20 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **D02000022391**

1. Corporation Name

SPECTRUM TRADING CORPORATION

2. Principal Office Address

10509 FRONT BEACH RD.

Suite, Apt. #, etc.

1100E

City & State

PANAMA CITY BEACH FL.

Zip

32407

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT
CR2E081(8/05)

03-05

4. Date Incorporated or Qualified
To Do Business in Florida

02.27.02

5. FEI Number

04-3623705

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MICHAEL CARR

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

10509 FRONT BEACH RD

Suite, Apt. #, Etc.

UNIT- 1100E

City

PANAMA CITY BEACH

State

FL

Zip Code

32407

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date **10.10.05**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir.	MICHAEL CARR	10509 FRONT BEACH RD 1100E	PANAMA CITY BEACH, FL 32407
	[Signature]		800060832678 10/20/05--01058--024 **1050.00

10. 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.10.05

Date

516-5477854

Daytime Phone #