

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **03000036349**

1. Corporation Name

Spectrum Properties of Tampa Bay, Inc.

2. Principal Office Address

18914 Fishermans Bend Dr.

3. Mailing Office Address

P. O. Box 341285

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lutz, FL

City & State

Tampa, FL

Zip

33558

Country

USA

Zip

33694-1285

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

April 1, 2003

5. FEI Number

☐ 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

Steve Peña

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

18914 Fishermans Bend Dr.

Suite, Apt. #, Etc.

City
Lutz

State
FL

Zip Code
33558

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11/07/05--01064--005 **500.00

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

Date 11/2/2005

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
VP	Aleida Peña	18914 Fishermans Bend Dr.	Lutz, FL 33558
P	Steve Peña	"	"

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:

Aleida Peña
Aleida Peña

11/2/2005

(813) 267-4377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

* Aleida gave permission to correct doc. + letter.

Mm 11/2

2/2

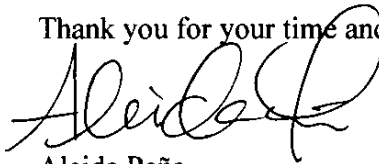
November 2, 2005

To Whom It May Concern:

I am writing to you today because I would like to reinstate Spectrum Properties of Tampa Bay, Inc. The registered agent (Anthony J. Comparetto Esq.) did not receive prior notices for "2004" to continue the corporation active. Since then, the registered agent has changed (Steve Peña) and therefore has reorganized the responsibilities and accountabilities within the company. We have also redirected the mail so that important documents pertaining to Spectrum Properties of Tampa Bay, Inc. are not lost or mishandled.

Please consider waiving the \$600.00 reinstatement fee as we have had to pick up the pieces of a company that was not taken care of properly.

Thank you for your time and consideration,



Aleida Peña

Vice President of Spectrum Properties of Tampa Bay, Inc.

(813) 267-4377

P. O. Box 341285

Tampa, FL 33694-1285