2004 FOR PROFIT CORPORATION REINSTATEMENT

1. Entity Nam			Ţ	FILED						
SPECUL	ATUS, INC.					EC 16 树	10: 58			
Principal Plac	e of Business	Mailing Address	100 11		04 (EL TO ME	TATE			
17711 IMMC)	SECRETARY OF STATE TALLAHASSEE, FLORIDA								
NAPLES, FL	34120	NAPLES, FL 34120			TALLS Talling	ninn illi naki nalif salif Tizi zazaza	Bully blan make land		EL 20 (B.B)	
2. Principal Place of Business 1660 40 th, TERRAF S.W. 1660 40th TERRAF S.W.										
Suite, Apt. #, etc. Suite, Apt. #, etc.					12102004	REIN-P	CR2E098 (6	5/04)		
City & State NAPLES - FLORI DA State NAPLES - F			LOUDA		4. FEI Number	11823	96		lied For Applicable	
Zip 34	1110 Country USA	Zip 34116	Country US	A		f Status Desired	□ \$8.7	5 Addition	onal	
6. Name and Address of Current Registered Agent Name 1						7. Name and Address of New Registered Agent				
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. Street Address					ss (P.O. Box Number is Not Acceptable)					
4TH FLOOR MIAMI, FL 33145				6700 FRIENDSHIP LANE						
				NAPLES FL Zip Code 34/20						
8. 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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE Plant J. June J. June J. (NOTE: Registered Agent algreeture required when reinstating) DATE DATE										
FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the										
After Jar	nuary 1, 2005, Fee will be \$300.00		corporation did r							
DILE	OFFICERS AND D	DIRECTORS Delete	11.	PTO		HANGES TO OFFI			N 11	
NAME	GROSS, ROBERT J	La Delete	NAME	•	ROBERT	J. GRUSS,	عرک	uange	Addition	
STREET ADDRESS CITY-ST-ZIP	17711 IMMOKALEE ROAD NAPLES, FL 34120		STREET ADDRESS CITY-ST-ZIP	(470 A	U PRIBAD. JAPUSS	SHIP IN	34120	_		
TITLE	VSD	☐ Defete	TITLE	VŚL	\	J. ELSA:	-	hange	Addition	
NAME STREET ADDRESS	ELSASS, LARRY J 17711 IMMOKALEE ROAD		NAME STREET ADDRESS	1 1	LARRY .		ere S. W	•		
CITY-ST-ZIP	NAPLES, FL 34120		CITY-ST-ZIP	<u> </u>	oples	Fi 1834	116			
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STREET ADORESS			STREET ADDRESS					· ·		
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NAME		- Oelete	NAME				L) c	hange	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										
SIGNATURE: Rahiel. Stray 1 12-11-04 239-353-3650										
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNAY OF PICER OF DIRECTOR Disto Dist										