2005 FOR PROFIT CORPORATION REINSTATEMENT

1 Entity Name	OCUMENT # P04000014352 Intity Name DLF SPECTRUM RENOVATION CORP.		FILED 06 MAY 25 AI	
Principal Place of Business 1810 E PALM AVE UNIT 5107 TAMPA, FL 33605	Mailing Address 1810 E PALM AVE UNIT TAMPA, FL 33605	T 5107	SECHARACIA	FÄATE CALJA NAMENDUNGUNGUNGUNGUNGUNGUNGUNGUNGUNGUNGUNGUNGU
2. Principal Place of Business 9667 TRON ORK	3. Mailing Address	· · · · · ·		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		10202005 REIN-P	2E098 (6/04)
City & State	City & State		4. FEI Number	Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of	Current Registered Agent		7. Name and Address of New Registers	·
SPIEGEL & UTREA. 1840 SW 22 ST 4 FLR MIAMI, FL 33145			(P.O. Box Number is Not Acceptable)	N
_	-	908.	1 IRON ONK V	Zip Code
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 Signature, typed or printed name of required agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00				
	RS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME D	1081 ILM ONK HUR LEBU BEFLOW LEBITONK HUR	☐ Change ☐ Addition
TITLE	☐ Delete	TITLE	TAMA, RL 336	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	120/04	NAME STREFT ADDRESS CITY-ST-ZIP	80007615 4 06/13/060103900	1558 11 ***900.00
TITLE	Delete	TITLE	***	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	ATEMINI D	STREET ADDRESS		
TITLE NAME	Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-5T-ZIP		
NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	☐ Delete	TITLE NAME		☐ Change ☐ 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:				
SIGNATURE:\	LEAV.	100ardu	4 3-60-06	315 2765