2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000016305							_ED	
FULL SPECTRUM CONTRACTOR SERVICES, INC.						בו עוני	regitats to st	
					05 OCT 21 PM 2: 22			
Principal Plac		Mailing Address			SECHETARY OF STATE TALLAHASSEE, FLORIDA			
	OUTH, SUITE 115 Ne, Fl. 32806	2120 US 1 SOUTH, SUITE 115 St augustine, FL 32806			TALLAHASSEE, FLORIDA			
	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			<u> </u>	REIN-P	CR2E098 (6/04	·
City & State		City & State			4. FEI Number			Applied For Not Applicable
Žip	Country	Zip	Zip Country		5. Certificate of S	Status Desired	□ \$8.75 A Fee Requi	
	6. Name and Address of Current		7. Name and Ad	dress of New R	legistered Agent			
QUIGLEY.	JAKE	Name D	Name Delegui					
2120 US 1 SOUTH, SUITE 115 ST AUGUSTINE. FL 32806				Street Address P.O. Box Number is Not Acceptable).				
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				City A	Cey &		FL 갤얼	^{∞6} 284
8. The above named entity submits this statement or the ourpose 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.								
Talles -								
SIGNATURE Signature, typed or panied name of registered agent and title if applicable. (NOTE: Registered Agent algorithms required when reinstating) DATE								
FILE NOWI!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00								
10.	OFFICERS AND	DIRECTORS	11.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CH	ANGES TO OFF	TICERS AND DIRECTO	ORS IN 11
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CITY-ST-ZIP	ST AUGUSTINE, FL 32806		CITY	-ST-ZIP		<u> </u>	"	
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STREET ADDRESS				ET ADDRESS	ψ,			
CITY-ST-ZIP CITY-ST-ZIP 12. It 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: DISEGUE 10/17/05 (904) 209.7696 SIGNATURE: DISEGUE 10/17/05 (904) 209.7696 DISEGUE 10/17/05 (904) 209.7696								