

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

06 FEB -6 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000068259

1. Entity Name  
SPECTRAFLEX, INC.



Principal Place of Business  
4400 HWY 20 EAST  
NICEVILLE, FL 32578

Mailing Address  
4400 HWY 20 EAST  
NICEVILLE, FL 32578

2. Principal Place of Business  
83 LANCELOT RD.  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. BOX 1225  
Suite, Apt. #, etc.



REINSTATEMENT

05-06

City & State  
DEERUNAK SPRINGS, FL  
Zip  
32433  
Country  
WALTON

City & State  
DEERUNAK SPRINGS, FL  
Zip  
32435-1225  
Country  
WALTON

4. FEI Number  
73-1702-713

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, DAVID  
159 MEADOWBROOK CT.  
NICEVILLE, FL 32578

7. Name and Address of New Registered Agent

Name  
DAVID RUSSELL

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

5082 STATE HWY. 2 EAST

City WESTVILLE FL Zip Code 32464

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 registered agent and title if applicable

DAVID W. RUSSELL

1-31-06

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P  
NAME RUSSELL, DAVID  
STREET ADDRESS 159 MEADOWBROOK CT.  
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE V  
NAME RUSSELL, ROBERT  
STREET ADDRESS 315 SABAL PALM DR.  
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE S  
NAME MCADA, M. SCOTT  
STREET ADDRESS 4516 HWY 20 EAST  
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE T  
NAME BROWN, KENNETH  
STREET ADDRESS 256 COMMERCE DR., STE. 471  
CITY-ST-ZIP PEACHTREE CITY, GA 30269

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 5082 STATE HWY. 2 EAST.  
CITY-ST-ZIP WESTVILLE, FL 32464

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-06

Date

850-892-3233

Daytime Phone #

K. Eckel FEB 09 2006