

2006 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P04000146186 1. Entity Name EMERALD SPECTRUM SERVICES CORP. | |  | | FILED 06 JAN 18 PM 1:02 03/25/05 90037 0001520  | |
| Principal Place of Business 3810 NE 22ND WAY LIGHTHOUSE POINT, FL 33064 | | Mailing Address 3810 NE 22ND WAY LIGHTHOUSE POINT, FL 33064 | | 01122006 REIN-P CR2E098 (11/05) | |
| 2. Principal Place of Business 3810 NE 22nd Way Suite, Apt. #, etc. | | 3. Mailing Address 3810 NE 22nd Way Suite, Apt. #, etc. | | | |
| City & State Lighthouse Point Zip 33064 Country US | | City & State Lighthouse Point Zip 33064 Country US | | | |
| 4. FEI Number 65-1235597 | | Applied For <input type="checkbox"/> Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BERNAL, JORGE 3810 NE 22ND WAY LIGHTHOUSE POINT, FL 33064 | | 7. Name and Address of New Registered Agent Name Joseph K. Nofel, P.A. Street Address (P.O. Box Number is Not Acceptable) 3284 N. State Rd 7 City Laud Lakes FL Zip Code 33319 | | | |
| 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | (NOTE: Registered Agent signature required when reinstating) | | DATE 1/12/06 | |
| FILE NOW!!! FEE IS \$900.00 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE PSTD NAME Jorge Bernal STREET ADDRESS 3810 NE 22nd Way CITY-ST-ZIP Lighthouse Point, FL 33064 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
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| 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 | | Date 1-12-05-954-781-4912 Daytime Phone # | |