

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000027423

1. Entity Name  
SPEX REAL ESTATE INVESTMENT GROUP, INC.



FILED

07 MAR 13 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 06-07

Principal Place of Business  
8265 CASSIA TERRACE  
TAMARAC, FL 33321

Mailing Address  
8265 CASSIA TERRACE  
TAMARAC, FL 33321

2. Principal Place of Business - No P.O. Box #  
2950 W. Cypress Creek Rd  
Suite, Apt. #, etc.  
#105

3. Mailing Address  
2950 W. Cypress Creek Rd  
Suite, Apt. #, etc.  
#105

City & State  
Fort Lauderdale  
Zip  
33309 Country  
Broward

City & State  
Fort Lauderdale  
Zip  
33309 Country  
Broward

4. FEI Number  
202404954 Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

ST. JEAN, WILGEMPA  
8265 CASSIA TERRACE  
TAMARAC, FL 33321

## 7. Name and Address of New Registered Agent

Name  
Wilgempas St Jean  
Street Address (P.O. Box Number is Not Acceptable)  
2950 W. Cypress Creek Rd #105  
City  
Fort Lauderdale FL Zip Code  
33309

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/07

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
ST. JEAN, WILGEMPS  
8265 CASSIA TERRACE  
TAMARAC, FL 33321 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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NAME  
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☐ Change ☐ Addition

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

3/8/07

Date

254-275-7407

Daytime Phone #