


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV 16 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000027423					
1. Entity Name SPEX REAL ESTATE INVESTMENT GROUP, INC.					
Principal Place of Business 2400 W CYPRESS CREEK RD #194 FORT LAUDERDALE, FL 33309			Mailing Address 2400 W CYPRESS CREEK RD #194 FORT LAUDERDALE, FL 33309		
2. Principal Place of Business - No P.O. Box 2400 W Cypress Creek Rd. Suite, Apt., #, etc. 124 City & State Fort Lauderdale Zip 33309 Country Broward.			3. Mailing Address 2400 W Cypress Creek Rd. Suite, Apt., #, etc. 124 City & State Fort Lauderdale Zip 33309 Country Broward.		
4. FEI Number 20-2404954		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/>				\$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 _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M <input type="checkbox"/> Delete ST. JEAN, WILGEMPS 8265 CASSIA TERRACE TAMARAC, FL 33321		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100112389371 11/19/07--01003--002 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete ANTOINE, DANIEL 2950 W. CYPRESS CREEK RD., #105 FORT LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>11/12/07</u> Daytime Phone # _____		