* PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS 05 NOV 13 TY 2: 5 | i 4 | |
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| DOCUMENT # PD5000131719, INC. | | |
| Alcales Fl Na Ples Fl 5. FEI Number 3 3 50 A | | |
| 7. Name and Address of Current Registered Agent | | |
| Street Address (P.O. Box Number is Not Acceptable) TSSO Preserve Lane 11/16/0601069006 **150.00 Suite, Apt. #, Etc. City Naples State Zip Code FL 34/19 | | |
| Signature of Registered Agent Registered Agent Agent Registered Reg | | |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | |
| Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director City / State / Zip | ł | |
| PS Joseph Skladany 7550 Preserve Lane Naples Fl. 341 | 119 | |
| PS Joseph Skladany 7550 Preserve Lane Naples F1. 341 VPT Albert Colarusso 7550 Preserve Lane Napler, F1. 3411 | 19 | |
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| 10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE: Date Description for 17, F.S., I further certify that when filling the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: Date Date Description for 17, F.S., I further certify that when filling the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation has been eliminated, the corporation name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation has been eliminated, the corporation has been eliminated, the corporation has been eliminated, the corporation has been eliminated. | | |

PAUL C. DARROW P.A.

Attorney At Law 1404 Goodlette Road North Naples, Florida 34102

Tele. No (239) 262-3268 Fax (239) 262-2244

Florida Bar U.S. Federal Court Middle District of Florida 11th Circuit Court of Appeals

Admitted to:

November 7, 2006

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Re:

Corporation Reinstatement SPECTATORS V, INC.

REINSTATEMENT FEE WAIVER REQUEST

Dear Department of State:

Please find enclosed a check # 1332 in the amount of \$150.00 payable to the Department of State. Furthermore, please accept this correspondence as a request for a waiver of the reinstatement fees. The Registered Agent of SPECTATORS V, INC., Joseph Skladany, advised me that the corporation did not receive the annual report notice for the year 2006. Therefore kindly accept this correspondence as a request for a waiver of the reinstatement fees.

If you should require any additional information in order to process the reinstatement and/or the request for a waiver of the reinstatement fees, do not hesitate to contact me.

Sincerely,

Paul C. Darrow, Esq.

Xc: client