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FLORIDA DEPARTMENT OF STATE  
Katharine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

01 MAY -3 AM 8:45

98-01

DOCUMENT # P93000046237

1. Corporation Name  
SPECTRUM REAL ESTATE GROUP, INC.

<b>2. Principal Office Address</b> 6751 NW 21 TERRACE	<b>3. Mailing Office Address</b> 6751 NW 21 TERRACE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State FT. LAUDERDALE, FL.	City & State FT. LAUDERDALE, FL.
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Zip 33309	Country BROWARD	Zip 33309	Country BROWARD
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4. Date Incorporated or Qualified  
To Do Business in Florida JUNE 30, 1993

8. FEI Number 65-0426731	Applied For
	Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ **\$8.75** Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name <i>William C. Owens</i>	20000428850 -05/22/01--0113 ***600.00 **
Street Address (P.O. Box Number is Not Acceptable) <i>6751 NW 21 TERRACE</i>	
Suite, Apt. #, Etc.	
City <i>FORT LAUDERDALE</i>	State <b>FL</b>
	Zip Code <i>33309</i>

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of Registered Agent William P. Owens Date 4-30-01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	WILLIAM OWENS	6751 NW 21 TERRACE	FORT LAUDERDALE, FL. 33309
T	WILLIAM OWENS	6751 NW 21 TERRACE	FT. LAUDERDALE, FL 33309
S	WILLIAM OWENS	6751 NW 21 TERRACE	FT. LAUDERDALE, FL. 33309
			SP

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 filing 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 under section 119.07(3)(i), 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: William Owens WILLIAM OWENS 4-30-01 (954) 938-1146  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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## **SPECTRUM REAL ESTATE GROUP, Inc.**

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6751 NW 21 Terrace • Ft. Lauderdale, FL 33309 • (954) 938-1146 • Fax: (954) 979-0276

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April 26, 2001

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

Re: Corporation Reinstatement document # P93000046237

To Whom It May Concern:

Spectrum Real Estate Group, Inc. was involuntarily dissolved on 10-16-98. The corporation had a change of address which we failed to report to the Division of Corporations. Subsequently we did not receive the forms for filing a corporation annual report. We regret this oversight and request the division waive the reinstatement fee.

As instructed via my telephone conversation with a representative of the Division of Corporations we have enclosed a check for Corporate annual reports for the years 1998 thru 2001.

Sincerely,



William C. Owens  
President/Broker