

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

G. 10/2

96-97 AR
 APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 SAN JUAN MANAMAHA
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

FILED

97 JUN -5 AM 9:14

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**

DOCUMENT # 95000075714
 1. Corporation Name **SPECTRUM
 Painting & WALLPAPERING, INC.**

Principal Place of Business Mailing Address
**711 North East 59th Street
 Ft Lauderdale, Florida 33334**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida Oct-3-1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65/0617659	
City & State		City & State		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City, State, Zip
P	LINDSEY CLARK	711 N.E 59th St Ft Lauderdale FL 33334	Fort Lauderdale Florida 33334
S	DAVID ALBERT	711 N.E 59th St Ft Lauderdale FL 33334	Fort Lauderdale FLORIDA 33334

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
LINDSEY CLARK 711 N E 59th St Ft Lauderdale FLORIDA 33334		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, Etc.		
		City	State FL	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent *L Clark* REGISTERED AGENT MUST SIGN Date **5-29-97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: *L Clark* **LINDSEY CLARK** (954)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **5-29-97** Daytime Phone # **776-6681**

CP2E040 (12/96)

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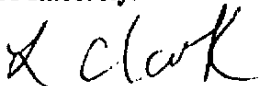
SPECTRUM PAINTING & WALLPAPERING INC
711 NORTH EAST 59TH STREET
FORT LAUDERDALE
FLORIDA 33334

05-30-97

Dear Sir,

Due to an address error on the articles of corporation I have not received any correspondence relating to the yearly fee of registration. I was also not aware that an annual fee was due. I have enclosed copies of the articles of corporation as proof of the address error. I enclose a check for the amount of \$365.00 and the forms for reinstatement

Yours sincerely.



Lindsey Clark