		DUEACE		LI INICT	ידטוום:	ONC BEFORE	COMPLET	INIC THE FORM		
APPLICATION FOR REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			FILED				
DOCUMENT # P95000096639 1. Corporation Name CYCLE SPECTRUM DT, INC.								97 DEC 10 ANTIO: 15 SECRETARY OF STATE TAILORED T, ILONDA		
Principal Place of Business 9848 ROBIN HILL DALLAS TX 75238				Mailing Address 9848 ROBIN HILL DALLAS TX 75238						
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mail Sulte, Apt. #, etc. Suite, Apt. #					ling Office Address, If Applicable 4. Dat To , etc.		4. Date Incorp To Do Busi	Date Incorporated or Qualified o Do Business In Florida 12/18/1995		
City & State Zip Country			City & State		Country	5. FEI Numbe	76-0488799	Applied For Not Applicable Additional Fee require Certificate of Status		
Title(s) P	Name of Officers and/or Directors CLIFFORD PRAIT CHRIS FAULK			r Director (Flo	Street Address of Each Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers 9888 ROBIN HILL 4810 COLE AVENUE, #1404			City / State / Zip		
\$	COURTNEY SPRATT			······································	9848 ROBIN HILL 176 SUMMERFIELD			PONTE VEDRA BEACH FL	75238 32082	
	8. Nam	ne and Address	s of Current R	egistered Age	ont	REINS	FATEM 9. Name and	ENT 97 Address of New Registered Ag	/Z - / Z - 9	
SPRATT, COURTNEY 176 SUMMERFIELD DR PONTE VEDRA BEACH FL 32082						Street Address	s (P.O. Box Number	-12/17/9701 is Not Ac 选制编制 758, 75	111007 ****758.75	
10. I, being Signature o Registered	appointed the	e registered a	when	1 21	pration am fa	City amiliar with and accept the	e obligations of Sect	FL	77-	
		ration ow Personal] No 🗹	(See other side f on intangit		

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 foos 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 accuratly and my signature shall have the same legal effect as if made under oath.

SIGNATURE: SIGNATURE AND TYPE D OR PR D NAM OF SIGNING OFFICER OR DIRECTOR