

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR 97-98

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS



APPROVED
AND
FILED

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98 MAY 15 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000089602

1. Corporation Name SPECTRUM OF SOUTH FLORIDA

Principal Place of Business

Mailing Address

16686 Collins ave.
N. Miami Beach
FL 33160

16686 Collins ave.
N. Miami Beach
FL 33160

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. 31 1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number 65-0713467

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$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/D	Oleg Gasilovskiy	301 174th ST #311	N. Miami Beach FL 33160
V/T/S	Yevgeniy Gasilovskiy	400 NE 12 AVE #609	Hallandale FL 33009
			2000002530582--01
			-05/20/98--01098--018
			*****315.00 *****315.00
			A. Allan 5/15/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

	Name	Valeriya Goldina
	Street Address (P.O. Box Number is Not Acceptable)	400 ne 12 ave #609
	Suite, Apt. #, Etc.	2000002530582--01
	City	Hallandale
		-05/20/98--01098--019
		*****8.75 *****8.75
		FL 33009

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

[Signature]

REGISTERED AGENT MUST SIGN

Date May 08 1998

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

[Signature] Oleg Gasilovskiy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 08 1998 (305)949-2828

Date

Daytime Phone #

CR2E040 (1/98)

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May 08 1998

Florida Department of State
Division of Corporation

Ref: Reinstatement
Spectrum of South Florida corp.

To whom it may concern,

Kindly be advised that our Corporation had a change of address in 1997, and the Post Office was dully notified .However, we did not recive any mail from the State concerning our yearly renewal .

Now I understand and acknowledge it is our responsibility to notify you as well, because of this , we now have to apply for reinstatement.

I spoke to a representative on april 30, and explained our problem. He instructed me what to do, and the amount to send with the enclosed application.

Sincerly yours


Yevgeniy Gasilovskiy