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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000023406

1. Corporation Name

Spectrum forms + Printing, Inc.

2. Principal Office Address

8254 NW 70 St

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33166

Country

USA

3. Mailing Office Address

8254 NW 70 St

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33166

Country

USA

REINSTATEMENT 02-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/10/97

5. FEI Number

65-0735765

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

John Spampinato

Street Address (P.O. Box Number is Not Acceptable)

11289 NW 65th Manor

Suite, Apt. #, Etc.

City

Parkland

200058852472

08/23/05--01002--007 **500 00

State

FL

Zip Code

33076

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

John Spampinato

REGISTERED AGENT MUST SIGN

Date

8/17/05

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.D	John Spampinato	11289 NW 65th Manor	Parkland, FL 33076
T.S.D	David Levine	7225 Bedlington Rd	Miami Lakes, FL 33014

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:

John Spampinato

JOHN SPAMPINATO 8/17/05 954-265-7111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

20522

spectrum

Forms & Printing

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

Date August 17, 2005

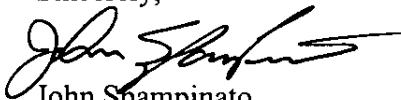
RE: P97000023406
Spectrum Forms & Printing, Inc.

Dear Sirs:

We are writing to request that you accept the filing of this Corporation Reinstatement for the above mentioned corporation, Spectrum Forms & Printing, Inc. Upon applying for a new lease we were told that our annual report had not been filed and that our corporation was showing as inactive. We were unaware that this report had not been filed and to the best of our knowledge we never received the original form.

We have downloaded the form and are signing and enclosing a check for the fee of \$600.00 for the years of 2002 thru 2005. Could you please process this ASAP and show our corporation as active. Should you have any questions please do not hesitate to contact me.

Sincerely,



John Spampinato
Spectrum Forms & Printing, Inc