


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC 28 PM 2:05

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S26057			
1. Entity Name SPECTRUM RESOURCES, INC.			
Principal Place of Business 402 PLANTATION RD TALLAHASSEE, FL 32303 US		Mailing Address 402 PLANTATION RD TALLAHASSEE, FL 32303 US	
2. Principal Place of Business <i>104 Meadowood Ct</i>		3. Mailing Address <i>104 Meadowood Ct</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Tallahassee, FL</i>		City & State <i>Tallahassee, FL</i>	
Zip <i>32312</i>	Country <i>USA</i>	Zip <i>32312</i>	Country <i>USA</i>
4. FEI Number 59-3059940		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		12282006 REIN-P CR2E098 (11/05)	
6. Name and Address of Current Registered Agent MADDOX, SCOTT C 402 PLANTATION RD TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>104 Meadowood Ct</i> City <i>Tallahassee</i> FL Zip Code <i>32312</i>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered and Agent's signature is computer and online controlled.)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MADDOX, SCOTT C 402 PLANTATION RD TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>104 Meadowood Ct Tallahassee, FL 32312</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000581106 01/10/07--80074--014 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information disclosed on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Scott P. Maddox</i>		12/28/06 850/386-5384	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	