


**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      Mailing Address  
**402 PLANTATION RD**      **402 PLANTATION RD**  
**TALLAHASSEE, FL 32303 US**      **TALLAHASSEE, FL 32303 US**



2. Principal Place of Business      3. Mailing Address  
*104 Meadowood Ct*      *104 Meadowood Ct*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

12282006 REIN-P CR2E098 (11/05)

City & State      City & State  
*Tallahassee, FL*      *Tallahassee, FL*  
 Zip      Country      Zip      Country  
*32312*      *USA*      *32312*      *USA*

4. FEI Number      Applied For  
**59-3059940**      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

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)  
*104 Meadowood Ct*  
 City *Tallahassee*      FL      Zip Code *32312*

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered and Agent, subject to the corporation and any restrictions.) 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>104 Meadowood Ct</i> <i>Tallahassee, FL 32312</i>
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 <b>U00000581106</b> <b>01/10/07--80074--014 **150.00</b>
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
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
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
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

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: *Scott P. Maddox*      12/28/06      850/386-5384  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #