

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 DEC 11 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000020736

1. Corporation Name

SPMP INC

2. Principal Office Address - No P.O. Box #

3350 GOMER STREET

Suite, Apt # etc

City & State

YORKTOWN HEIGHTS, NY

Zip

10598-2004

Country

USA

3. Mailing Office Address

Suite, Apt # etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/09/2006

5. FEI Number

86-1160065

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

MARC LAUNER

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

333 LAS OLAS WAY

Suite, Apt. # Etc.

SUITE 2902

City

FT. LAUDERDALE

State

FL

Zip Code

33301

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

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
PRES	CHERYL FRIED	3350 GOMER STREET	YORKTOWN HEIGHTS, NY

10. E-mail Address: murnick 3350 @ yahoo.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Cheryl J. Fried / **CHERYL J. FRIED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/06/09

Daytime Phone #

300163541583
12/11/09--01041--012 **750.00
REINSTATEMENT 07-09