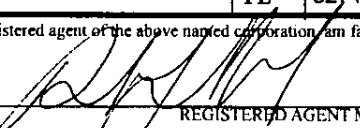
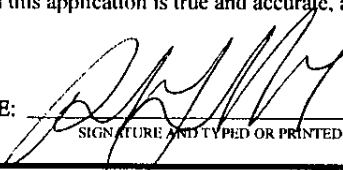


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 10 FEB -8 AM 11:44 FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 300168247883 02/08/10--01067--006 **450.00 CR2E081 (10/09)
DOCUMENT # P06000141238			
1. Corporation Name S&P COMPUTING TECHNOLOGIES, INC.			
2. Principal Office Address- No P.O. Box # 110 Brandiwood Ct. Suite, Apt. #, etc.		3. Mailing Office Address 2578 Enterprise Road. Suite, Apt. #, etc. #246	
City & State Debary, FL Zip Country 32713 US		City & State Orange City, FL Zip Country 32763 US	
		4. Date Incorporated or Qualified To Do Business in Florida 11/08/2006	
		5. FEI Number 205865547 ☐ 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 Paul Schoelzel			
Street Address (P.O. Box Number is Not Acceptable) 110 Brandiwood Ct.			
Suite, Apt. #, Etc.			
City Debary		State FL	Zip Code 32713
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.			
Signature of Registered Agent 		Date 1/25/10	
REGISTERED AGENT MUST SIGN			
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
D	Steven Friedel	24105 Newport Sound Place	New Smyrna/FL/32168
D	Paul Schoelzel	110 Brandiwood Ct.	Debary/FL/32713
			M. MILLIGAN EXAMINER
			FEB - 9 2010
10. E-mail Address: SandPComTech@yahoo.com (To be used for future annual report notifications)			
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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: 		Paul Schoelzel SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/25/10 Date 407-739-8429 Daytime Phone#