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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000141238

1. Corporation Name

S&P COMPUTING TECHNOLOGIES, INC.

REINSTATEMENT
300168247883
02/08/10--01067--006 **450.00

CR2E081 (10/09)

2. Principal Office Address- No P.O. Box #	3. Mailing Office Address
110 Brandiwood Ct.	2578 Enterprise Road.
Suite, Apt. #, etc.	Suite, Apt #, etc
	#246
City & State	City & State
Debary, FL	Orange City, FL
Zip / Country	Zip / Country
32713 US	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

☑ The reinstatement fee is imposed, except in circumstances which the entity did not recieve the prior notices By checking this box, you are certifying the prior notices were not recieved 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 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 cerify 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 1/25/10 407-739-9429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone#