


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000106362		
1. Entity Name SPY CONNECTION USA, INC.		

FILED
08 JAN 31 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4231 SW 116TH AVENUE MIAMI, FL 33165	Mailing Address 4231 SW 116TH AVENUE MIAMI, FL 33165
--	--

2. Principal Place of Business - No P.O. Box # 9339 SW 40 ST Suite, Apt. #, etc.	3. Mailing Address 9339 SW 40 ST Suite, Apt. #, etc.
--	--



01302008 REIN-P CR2E098 (1/07)

City & State Miami FL	City & State Miami FL
Zip 33165	Country Miami Dade
Zip 33165	Country Miami Dade

4. FEI Number 33-1144352	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

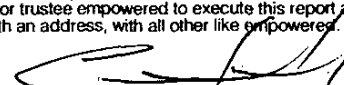
6. Name and Address of Current Registered Agent MILHOMME, NELSON 183 NW 54TH STREET MIAMI, FL 33127-1758	7. Name and Address of New Registered Agent Name ADDRESS ONLY Street Address (P.O. Box Number is Not Acceptable) 9339 SW 40 ST City Miami FL Zip Code 33165
---	--

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 	DATE

FILE NOW!!! FEE IS \$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	O MILHOMME, NELSON 183 NW 54TH STREET MIAMI, FL 331271758 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS ONLY 9339 SW 40 ST Miami FL 33165 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O GONZALEZ, CARLOS 4231 SW 116TH AVENUE MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS ONLY 9339 SW 40 ST Miami FL 33165 <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	O MARIA ELENA GARCIA 9339 SW 40 ST MIAMI FL 33165 <input type="checkbox"/> Change <input checked="" 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	200117597412 02/08/08 01013 007 <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

REINSTATEMENT
RH

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 indicated 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: 	DATE 02/08/08