2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000106362						- P		
1. Entity Nam SPY CON	INECTION USA, INC.				FILED			
					08 JAN 31 PM 1:17			
Principal Place of Business Mailing Address			-					
4231 SW 116TH AVENUE MIAMI, FL 33165		4231 SW 116TH AVENUE Miami, Fl. 33165		l Partism I	SECIOL FACTOUR STATE TALLAHASSEE, FLORIDA			
733	ace of Business - No P.O. Box #	3. Mailing Address W 403T						
Suite, Apt.		Suite, Apt. #, etc.		01302008 4. FEI Numb		R2E098 (1/07)		
City & State	hyli /- C	City & State	State FC		-1144352	No	plied For Applicable	
53165 Country Data Zip 33165 Cumry Data 5. Certificate of Status Desired 5. Sequinced Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
MILHOMME NELSON Name ADDRES ONLY								
MILHOMME, NELSON 183 NW 54TH STREET MIAMI, FL 33127-1758				Street Address (P.O. Box Number is Not Anceptable)				
:			City	Miseri		FL Zip Cood	3100	
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 tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$300.00 In accordance with s. 607.193(2)(b), F.S. corporation did not receive the prior notice								
10.	OFFICERS AND D	DIRECTORS	11.		/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	
TITLE	0	Delete		ADDRESS ON	ι γ	Change	Addition	
STREET ADDRESS CITY-ST-ZIP	MILHOMME, NELSON 183 NW 54TH STREET MIAMI, FL 331271758		NAME Street address City-St-Zip	9339 S	SW 405	65		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	O GONZALEZ, CARLOS 4231 SW 116TH AVENUE MIAMI, FL 33165	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7339	8W 40	SHA Change	☐ Addition	
TITLE		☐ Delete	7015	O COS		Channe	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	MARIA ELENI 9339 SI	A GARCIA W 40 ST FL 33165			
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP	MIAMI	<u> </u>	- <u></u>		
MILE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			MAME STREET ADDRESS		ند. نمور مستو بحدد کے اور رحمن رس	بر بر ور بر بر ور		
CITY-ST-ZIP	DEINCTAT	EMENT	CITY-ST-ZIP	22 <u>1</u> 22 <u>1</u>	00117597	7	<u> </u>	
TITLE	ICELIAN IVII	Delete	TITLE		, 00 - 01017 - 00	Change	Addition	
NAME STREET ADDRESS			NAME STREET ADORESS					
CITY-ST-ZDP	DI1		CITY-ST-ZIP	<u> </u>				
TITLE	KIT	☐ Delete	TITLE			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			NAME Street Address City-St-Zip				·	
	certify that the information supplied with	this filing does not qualify for	/	ntained in Chapter 119	9, Florida Statutes. I further	certify that the in	nformation	
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 regained 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Proce #								
1	SIGNATURE AND TYPED OR PI	CONTENT NAME OF SKINING UPFICER O	W CHECION		LAGRE	Daytime Phone #		