PLEASE READ	ALL INSTRUCTIONS I	BEFORE COM	IPIETINGTEIS EOR	Maria de la companya
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STAT Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED	
DOCUMENT # 398628				
1. Corporation Name SPN CORP.			SECRETARY OF STATE TALLAHASSEE. FLORIDA	
Principal Place of Business Mailing Address 8555 SW 94 AVE 8555 SW 94 AVE				
MIAMI FL 33173 MIAMI FL 33173				
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Malling Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida	04044070
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. FEI Number	
City & State			59-2001586	Not Applicable
Zip Country	Zip Country			SB.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) Name of Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director (by / State / Zip (city / State / Zip (city / State / Zip (city / State / Zip				
Offic 1 2 and/or Directors 3 (Do NOT Use 3 Do NOT Use 125416W-11-TE				/ State / Zlp
8555 St		W 94 AV.		
VP NEGREIRA, SERGIO JR	J ペ 8555 SW 94 AVE.		MAINI FL 38	173
			8000020300689 -12/17/9601024008	
			****375.0	
	TOE:		STATEMENT	2/2/2/QU
9. Name and Address of Courses I	Tourish and A and			DI
8. Name and Address of Current Registered Agent Name			lame and Address of New Register	ad Agent
NEGREIRA, SERGIO 8555 SW 94 AVE MIAMI FL 33173		Street Address (P.O. Box Number is Not Acceptable)		
		Sulte, Apt. #, Etc.		
City State Zip Code FL				
10. I, being appointed the registered agent of the above napred corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registored Agent Date 12-5-94 PEGISTE AED AGENT MUST SIGN				
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on Intangible tax.)				
12. 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 filling 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same logal offect as if made under each.				
SIGNATURE: SIGNATURE AND TYPED OR PRHYED NAME OF SIGNING OFFICER OR DIRECTOR Date Destina Phone &				

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