


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 NOV 14 AM 10: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000003289 1. Entity Name SAFEGUARD SPI, INC.	
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Principal Place of Business 650 SAFEGUARD PLAZA BROOKLYN HEIGHTS, OH 44131	Mailing Address 650 SAFEGUARD PLAZA BROOKLYN HEIGHTS, OH 44131
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

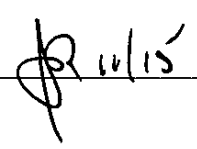

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PCD KLEIN, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	650 SAFEGUARD PLAZA	
CITY-ST-ZIP	BROOKLYN HEIGHTS, OH 44131	
TITLE	VSTD JAFFA, AMIR	<input type="checkbox"/> Delete
STREET ADDRESS	650 SAFEGUARD PLAZA	
CITY-ST-ZIP	BROOKLYN HEIGHTS, OH 44131	
TITLE	D KLEIN, ITA	<input type="checkbox"/> Delete
STREET ADDRESS	650 SAFEGUARD PLAZA	
CITY-ST-ZIP	BROOKLYN HEIGHTS, OH 44131	
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000061411620
11/14/05--01044--004 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____