

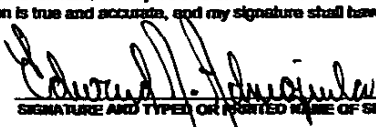


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2008 FEB 25 PM 4:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # F01000006182					
1. Corporation Name <b>SPYRUS INC.</b>					
2. Principal Office Address - No P.O. Box # <b>1860 HARTOG DRIVE</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>1860 HARTOG DRIVE</b> Suite, Apt. #, etc.		400118753394 02/25/08-01053-021-***600.00 <b>REINSTATEMENT</b> CR2E081 (12/07) <b>05-08</b>	
City & State <b>SAN JOSE, CA</b>		City & State <b>SAN JOSE, CA</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>12/04/2001</b>	
Zip <b>95131</b>	Country <b>USA</b>	Zip <b>95131</b>	Country <b>USA</b>	5. FEI Number <b>770321591</b> Applied For Not Applicable	
7. Name and Address of Current Registered Agent Name <b>REID CARLISLE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1728 BRIGHTWATERS BLVD. NE</b> Suite, Apt. #, Etc. City <b>ST. PETERSBURG</b> State <b>FL</b> Zip Code <b>33704</b>				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status <input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received 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 617.0503, F.S. Signature of Registered Agent  Date <b>2-22-2008</b> 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	
P/D	SUE PONTIUS	520 HIGH AVE.		LAGUNA BEACH, CA 92651	
D	THOMAS DICKENS	520 HIGH AVE.		LAGUNA BEACH, CA 92651	
V/S	EDWARD ALMOTUELA	11160 ANDERSON LANDING NW		SILVERDALE, WA 98383	
D	JOHN MILLER	41 Applegreen Drive		OLD WESTBURY, NY 11568	
D	SCOTT SOLANO	190 THATCHERS HILLS RD.		FLEMINGTON, NJ 08822	
D	POUL RAINES	LAAN VAN MEERDERVOORT 70 2564AR		DEN HAAG, NETHERLANDS	
10. 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 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:  <b>Edward N. Almotuela</b> 02/21/2008 360-204-5152 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					