

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2018 OCT 25 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F17000001830

1. Corporation Name

Spy, Inc.

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

5360 Legacy Drive
Suite, Apt #, etc

5360 Legacy Drive
Suite, Apt #, etc

City & State

City & State

Plano TX

Plano TX

Zip Country

Zip Country

75024 USA

75024 USA

CR2E081 (11/10)

4. Date Incorporated or Unshook
To Do Business in Florida

4/20/2017

5. FET Number

47-401165

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$2.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Corporation Services Company

Street Address (P.O. Box Number is Not Acceptable)

1201 N. Hwy. Street

Suite, Apt #, etc

City
Tallahassee

State

FL

Zip Code

32301

500320231245

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

REGISTERED AGENT MUST SIGN

Date

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
PO/CEO	Alex Alt	5360 Legacy Drive Suite 150	Plano TX 75024
CEO	Richard Sorenson	5360 Legacy Drive Suite 150	Plano TX 75024

10. E-mail Address: jessica.kalin@stacksports.com

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/18

Date

469 473 2804

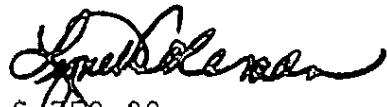
Daytime Phone #

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 458275 8060001

AUTHORIZATION :



COST LIMIT : \$ 750.00

ORDER DATE : October 24, 2018

ORDER TIME : 10:45 AM

ORDER NO. : 458275-005

CUSTOMER NO: 8060001

REINSTATEMENT

NAME: SPAY, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS _____

18 OCT 25 PM 1:38