PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 NOV 29 PM 3:45

DOCUMENT # S.P.M. Group Inc.

1. Corporation Name

L53287

2. Principal Office Address	**3.** Mailing Office Address
2500 NW 97 Ave. No. 200	
Suite, Apt. #, etc. 200	Suite, Apt. #, etc.
City & State Miami FL	City & State
Zip 33172 Country USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 2-27-90

5. FEI Number 465-017394-1 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Carlos Arteaga

000004719620--9
-12/12/01--01004--011
****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable): 2500 NW 97 Ave. No. 200

Suite, Apt. #, Etc.: Suite 200

City: Miami State: FL Zip Code: 33172

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 10-7-01

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
Pd.	Carlos Arteaga	2500 NW 97 Ave. N. 200	Miami, FL 33172
VP.	Raul Gaitero	2500 NW 97 Ave. N. 200	Miami, FL 33172

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 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 legal effect as if made under oath.

SIGNATURE: _____ 10-7-01 305/444-6757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2 of 2

SPM Group, Inc.
A Community Association Management Company

2500 N.W. 97th Avenue
Suite 200
Miami, Florida 33172

Tel.: (305) 444-6757
Fax.: (305) 444-6758
Email: spmgroup@bellsouth.net

November 27, 2001

Mr. Sean Toner
Senior Section Administrator
Division Of Corporations
POB 6327
Tallahassee, FL 32314

Re: L53287

Dear Mr. Toner,

We are writing you once again to advise you that we did not receive our corporate renewal form this fiscal year. This has led our corporation to be dissolved and thus opening us up to all sorts of liabilities because of this. Our company moved last year and we have experienced a variety of problems with the delivery of our mail in this area.

We ask that you please reinstate our corporation as a measure of objectivity and accept our payment in the amount $ 150.00 us dollars.

If you have any questions or comments, please contact me at the above number.

Cordially,

Carlos Arteaga
SPM Group, Inc.
President

/CA