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LIMITED LIABILITY REINSTATEMENT

SPI AMERICA LLC

Certificate of Status	0
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Page Count	02
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (10/08)

DOCUMENT # M05000006910

1. Limited Liability Company's Name

SPI America LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3500 South Dupont Hwy		11400 Burnet Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		Building 5, Suite 5110,	
City & State		City & State	
Dover, DE		Austin, Texas	
Zip	Country	Zip	Country
19901	USA	78758-3401	USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 12/16/2005

6. FEI Number: 710915762 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

☐ A $100 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 $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, hereby accept and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] Chris Monear Assistant Secretary
REGISTERED AGENT SIGNATURE

Date: 2/6/09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Peter Maquera	SPI Bldg, Pascor Dr. Sto. Nino, Paranaque	Metro Manila 1700 Philippines
Mgr	Ian Wilson	SPI Bldg, Pascor Dr. Sto. Nino, Paranaque	Metro Manila 1700 Philippines
Mgr	David Thornquist	60 East 42nd St, Suite 3014	New York, New York 10165 USA

REINSTATEMENT 07109 DE

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0108, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: [signature] Date: 02/03/2009 Daytime Phone #: (512) 275-9520

Typed or printed name of signing Managing Member/Manager: David Thornquist, Manager