2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000080749

Entity Name: SPASE DESIGNZ, INC.

FILED Apr 08, 2008 Secretary of State

Littly Na	IIIE. SPASEL	DESIGNZ, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
PO BOX 190885 MIAMI BEACH, FL 33119 Current Mailing Address:			984 SW 113TR MIRAMAR, FL 33025	984 SW 113TR MIRAMAR, FL 33025 New Mailing Address:	
			New Mailing Addres		
PO BOX 1 MIAMI BEA	90885 ACH, FL 3311	9			
FEI Number	: 56-2461153	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
1840 SW 2 4TH FLOO		Α.			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE: SPIEGEL	. & UTRERA			
	Electror	nic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did nogeration (ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	TR (JENKINS, JERI PO BOX 19088 MIAMI, FL 331	35	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (X BROWN, ROBI PO BOX 19088 MIAMI, FL 331	35	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (ATTIS, GELLIN PO BOX 19088 MIAMI, FL 331	35	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD (FERNANDEZ, PO BOX 19088 MIAMI, FL 331	35	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAVIER G FERNANDEZ PD 04/08/2008