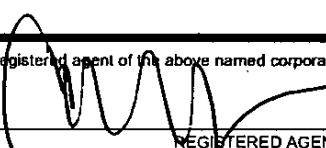


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLIED FOR
AND
FILED

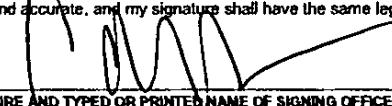
CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F05 000005236			
1. Corporation Name SPIG Consulting			

2. Principal Office Address - No P.O. Box # 19106 St. Laurent Dr Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Lutz		City & State FL	
Zip 33558	Country Hillsborough	Zip FL	Country USA
7. Name and Address of Current Registered Agent Name Carrie Cleveland Street Address (P.O. Box Number is Not Acceptable) 19106 St. Laurent Dr Suite, Apt. #, Etc.			
City Lutz		State FL	Zip Code 33558

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 2/25/08			

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	Carrie Cleveland	19106 St. Laurent Dr	Lutz, FL 33558
			200118959672
			02/27/08-01043-020 ***450.00

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.			
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SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/08 \$13.334.169.13
Date **Daytime Phone #**

REINSTATEMENT **06/08**