

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000162118

Entity Name: SPO GEMS, INC.

FILED  
Oct 27, 2008  
Secretary of State

## Current Principal Place of Business:

18671 COLLINS AVENUE #1501  
SUNNY ISLES, FL 33160

## New Principal Place of Business:

## Current Mailing Address:

18671 COLLINS AVENUE #1501  
SUNNY ISLES, FL 33160

## New Mailing Address:

FEI Number: 20-3917190

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OTAMENDI, SABINE P  
18671 COLLINS AVENUE #1501  
SUNNY ISLES, FL 33160 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SABINE OTAMENDI

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVPS ( ) Delete  
Name: OTAMENDI, SABINE P  
Address: 18671 COLLINS AVENUE #1501  
City-St-Zip: SUNNY ISLES, FL 33160

Title: T ( ) Delete  
Name: OTAMENDI, SABINE P  
Address: 18671 COLLINS AVENUE #1501  
City-St-Zip: SUNNY ISLES, FL 33160

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DRPR (X) Change ( ) Addition  
Name: OTAMENDI, SABINE P  
Address: 18671 COLLINS AVENUE #1501  
City-St-Zip: SUNNY ISLES, FL 33160

Title: DRVP (X) Change ( ) Addition  
Name: GAGNON, ELSA C  
Address: 1170 NE 97TH STREET  
City-St-Zip: MIAMI SHORES, FL 33138

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: ELSA GAGNON

VP

10/27/2008

Electronic Signature of Signing Officer or Director

Date