

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR -1 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **R96000103697**

1. Corporation Name

SPY Tech, INC
2900 W. Sample Rd #4305
Pompano Beach, FL 33073

2. Principal Office Address

2900 W. Sample Rd

Suite, Apt. #, etc.

4305

City & State

Pompano Beach

Zip **33073** Country **Broward**

3. Mailing Office Address

2900 W. Sample Rd

Suite, Apt. #, etc.

4305

City & State

Pompano Beach

Zip **33073** Country **Broward**

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/23/96

5. FEI Number

65-073 9336

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

Biro, John

Street Address (P.O. Box Number is Not Acceptable)

2900 W Sample Rd #4305

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33073

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

John Biro President

Date **3-15-02**

REGISTERED AGENT MUST SIGN

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	John Biro	2900 W. Sample Rd	Pompano Beach, FL 33073
	AR 695.00	98-021178	
	ArArts 10.00		
	Ar supp 88.75		

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:

John Biro President

Date

3-15-02

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)