PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
, FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

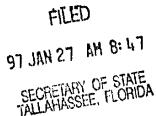
Secretary of State

DIVISION OF CORPORATIONS

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V65038

1. Corporation Name



SPY SI	HOP OF AMERICA, INC	; .			174			
Principal Pl	ace of Business	Mailing Addre	96S		_			
POST OFFICE BOX 6703 POST OFFIC		POST OFFICE	ICE BOX 6703 ATY FL 32402		1			
If above a	iddresses are incorrect in any way, line th				REIN	STATEME	NT 9	0
New Principal Office Address, If Applicable 3. New Maili		3. New Maili	ling Office Address, If Applicable		4. Date Incorpo	orated or Qualified less in Florida	09/01/1992	
Suite, Apt.	#, etc.	Suite, Apt. #,	, etc.		5. FEI Number		pplied For	
City & State	9	City & State				59-3111306	 -	ot Applicable
Zip	Country	Zip	Coun	itry	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Addition.	
7. Names a	and Street Addresses of Each Officer and	/or Director (Flo	rida nonprofit corpo	rations must list at le	ast 3 directors)			
Title(s)	Name of Officers and/or Directors 3		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		h r Numbers)	City / State / Zip		
CEO	DVORAN, RANDALL		1035 N STAR AVE.			PANAMA CITY FL		
٧	DVORAN, ELLIE		1035 N STAR AVE		****	PANAMA CITY FL		
T ,	T DVORAN, ROBERT		1035 N STAR AVE			PANAMA CITY FL		
1			4			####375.00 *****375.00		
						Ut	1-28-	97
8. Name and Address of Current Registered Agent				9. Name and A	Address of New Register	red Agent		
DVOR	AN, RANDALL			Name				3
213 TYNDALL PKWY. Street Address			Street Address (P.O. Box Number	is Not Acceptable)		15	
PANAMA CITY FL 32404 Suite, Apt. #,				Suite, Apt. #, Etc).			
				City	-241118-1477-1477		itate Zip Code	
10. I, being Signature o Registered	Agent		oration, am familiar	with and accept the c	obligations of Secti		25/96	
11. Do De	pes this corporation pay ept. of Revenue under S	any intang 199.032,	ible tax to t Florida Sta	the itutes. Yes	Z No □		r side for inform intangible tax.)	ation
this rein owed by	that I am an officer or director or the recenstatement application, the reason for disc y the corporation have been paid and the application is true and accurate, and my s	olution has been names of individ	eliminated, the cor uals listed on this f	porate name satisfies form do not qualify for	s the requirements r an exemption und	of section 607.0401 or 6	17.0401, F.S., th	at all fees

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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