

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

98 JUL 13 AM 11:26

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # PA7000080094

1. Corporation Name  
**SPARCO INTERNATIONAL, INC.**

Principal Place of Business Mailing Address  
**9385 Chelsea Drive, South  
 Plantation, FL 33324**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		APPLIED FOR	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P.	Sachtouras, John Ioannis	9385 Chelsea Drive, South	Plantation, FL 33324
V.P.	Feingold, Hank	1800 South Ocean Drive	Pompano Beach, FL 33062
SEC.	Colon, Norberto	4053-1 Sandelwood Lane	Ft. Myers, FL 33907
TRES.	Gonzalez, Blanca Rosa	9385 Chelsea Dr. South	Plantation FL 33324

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JAMES L. SOULE, Esquire 7515 West Oakland Park Blvd., Suite 103 Fort. Lauderdale, FL 33319		Name Street Address (P.O. Box Number is Not Acceptable) 400002590184--0 Suite, Apt. #, Etc. -07/15/98--01092--009 ***550.00 City State FL Zip Code ****550.00	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [Signature] REGISTERED AGENT MUST SIGN Date 6/8/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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: [Signature]  
 SIGNATURE AND FULL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR26040 (12/96)