


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 MAY 19 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 849904			
1. Corporation Name SPARTACUS LIMITED INCORPORATION			
2. Principal Office Address P.O. BOX 1586 GT		3. Mailing Office Address	
Suite, Apt. #, etc. 24 SHEDDEN ROAD		Suite, Apt. #, etc.	
City & State GEORGE TOWN		City & State	
Zip Grand Cayman	Country	Zip	Country

REINSTATEMENT 04-06
CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida 08/07/1981	
5. FEI Number 98-0048775	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name JOHN M. STANISE / FILLOY STANISE & CO., CPA'S	
Street Address (P.O. Box Number is Not Acceptable) 100 N. BISCAYNE BOULEVARD 200075382402	
Suite, Apt. #, Etc. SUITE 700 05/26/06--01055--016 **461.50	
City MIAMI	State FL Zip Code 33132

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **11/28/05**

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
DIRECTOR	CAYROY LIMITED	P.O. BOX 1586 GT 24 Shedden Road	George Town Grand Cayman
DIRECTOR	TROYNOM LIMITED	P.O. BOX 1586 GT 24 Shedden Road	George Town Grand Cayman

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/1/06 **949-9107**

Daytime Phone #