

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p style="text-align: center;">APPROVED FILED</p> <p style="text-align: center;">1998 MAR 12 PM 1:45</p> <p style="text-align: center;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																													
<p>DOCUMENT # K85050</p> <p>1. Corporation Name Sparta Ventures Corp.</p>				<p style="text-align: center;">DO NOT WRITE IN THIS SPACE</p> <p>4. Date Incorporated or Qualified To Do Business in Florida 5-3-89</p> <p>5. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/></p> <p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																													
<p>Principal Place of Business Mailing Address Same</p> <p>7695 SW 104 Street Suite 210 Miami FL 33156</p> <p><small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small></p>																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">2. New Principal Office Address, if Applicable 7695 SW 104 ST.</td> <td style="width: 30%;">3. New Mailing Address, if Applicable</td> </tr> <tr> <td>Suite, Apt. #, etc. Suite 210</td> <td>Suite, Apt. #, etc.</td> </tr> <tr> <td>City & State Miami FL</td> <td>City & State</td> </tr> <tr> <td>Zip 33156</td> <td>Country USA</td> </tr> </table>						2. New Principal Office Address, if Applicable 7695 SW 104 ST.	3. New Mailing Address, if Applicable	Suite, Apt. #, etc. Suite 210	Suite, Apt. #, etc.	City & State Miami FL	City & State	Zip 33156	Country USA																				
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<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">1 Title(s)</th> <th style="width: 30%;">2 Name of Officers and/or Directors</th> <th style="width: 30%;">3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 30%;">4 City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P/D</td> <td>ERIC P. LITTMAN</td> <td>7695 SW 104 ST. #210</td> <td>Miami FL 33156</td> </tr> <tr> <td></td> <td></td> <td></td> <td>700002456737--5 -03/13/98--01072--006 ***1711.25 ***1711.25</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						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/D	ERIC P. LITTMAN	7695 SW 104 ST. #210	Miami FL 33156				700002456737--5 -03/13/98--01072--006 ***1711.25 ***1711.25																
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<p>8. Name and Address of Current Registered Agent</p> <p>ERIC P. LITTMAN 7695 SW 104 ST. Suite 210 Miami FL 33156</p>			<p>9. Name and Address of New Registered Agent</p> <p>Name</p> <p>Street Address (P.O. Box Number is Not Acceptable)</p> <p>Suite, Apt. #, Etc.</p> <p>City State Zip Code FL</p>																														
<p>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.</p> <p>Signature of Registered Agent Date 3-11-98</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																																	
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)</p>																																	
<p>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p>																																	

CR2E040 (12/95)