

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
DIVISION OF CORPORATIONS

**L01000022358**

FILED

1. DOCUMENT # L01000022358

Name and Mailing Address

02 DEC 31 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0003286 01 FP 0.352 \*\*PRST TO 0 0615 33312-535126



SPARKTACULAR AVS, LLC  
4101 RAVENSWOOD ROAD, SUITE 126  
DANIA BEACH FL 33312-5351



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/21/2001	
Principal Place of Business 4101 RAVENSWOOD ROAD, SUITE 126 DANIA BEACH FL 33312	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 01-0655000	Applied For Not Applicable
8. Name and Address of Current Registered Agent POLLOCK, KENNETH S % NEWMAN & POLLOCK, LLP 2600 N. MILITARY TRAIL, SUITE 270 BOCA RATON FL 33431		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address City FL Zip Code		REINSTATEMENT	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent: [Signature] Date: 12-19-02 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	DERBY, OFER	4101 RAVENSWOOD ROAD, SUITE 126	DANIA BEACH FL 33312
MGR	FREEDMAN, STEVE	4101 RAVENSWOOD ROAD, SUITE 126	DANIA BEACH FL 33312
MGR	WEISMAN, ZEEV	4101 RAVENSWOOD ROAD, SUITE 126	DANIA BEACH FL 33312
<p>900009748589</p> <p>12/31/02--01005--004 **150.00</p> <p>REINSTATEMENT</p> <p>M THOMAS</p> <p>1-7-03</p>			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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.

Signature of Managing Member/Manager

Date 10/23/02 Daytime Phone # 954 792 1101

Typed or printed name of signing Managing Member/Manager

OFFER N. DERBY

CR2E084 (8/02)