

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUN 30 AM 9:50

DOCUMENT # L02000000397

1. Limited Liability Company's Name

Sparkle G, LLC

2. Principal Office Address

21 E. Garden Street

Suite, Apt. #, etc.

First Floor

City & State

Pensacola, Florida

Zip

32501

Country

USA

3. Mailing Office Address

P.O. Box 12750

Suite, Apt. #, etc.

City & State

Pensacola, Florida

Zip

32591

Country

USA

CR2E041 (8/05)

4. State/Country of Formation  
Florida

5. Date Organized or Qualified  
To Do Business in Florida

1/07/2002

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Bryant S. Garrett

Street Address (P.O. Box Number is Not Acceptable)

317 Lake Mont Lane

Suite, Apt. #, Etc.

City

Pensacola

State  
FL

Zip Code  
32505

9. 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

*Bryant S. Garrett*  
REGISTERED AGENT MUST SIGN

Date

6/28/06

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Bryant S. Garrett	4840 Berkeley Walk Point	Duluth, Georgia 30096
			400077161904 07/07/06--01054--002 **300.00
			REINSTATEMENT 03-06

11. 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

*Bryant S. Garrett*  
Bryant S Garrett

Date

6/26/06

Daytime Phone #

850-969-3151  
ext 23