

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000033978
 1. Entity Name
REGINALD R SPARKS, LLC



FILED
 SECRETARY OF STATE
 CORPORATIONS
 05 DEC 22 AM 8:27

Principal Place of Business Mailing Address
 3203 W GADSDEN ST 3203 W GADSDEN ST
 PENSACOLA, FL 32505 US PENSACOLA, FL 32505 US

2. Principal Place of Business 3. Mailing Address
 3203 W. Gadsden St 3203 W. Gadsden St
 Suite, Apt. #, etc. Suite, Apt. #, etc.



10142005 REIN-LLC CR2E101 (6/04)

City & State City & State
 Pensacola, FL Pensacola, FL 32505

4. FEI Number Applied For
 Not Applicable

Zip Country Zip Country
 32505 America 32505 America

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 SPARKS, REGINALD R
 3203 W GADSDEN ST
 PENSACOLA, FL 32505

7. Name and Address of New Registered Agent
 Name: **Reginald R. Sparks**
 Street Address (P.O. Box Number is Not Acceptable):
3203 W. Gadsden St.
 City: **Pensacola** FL Zip Code: **32505**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: **Reginald R. Sparks** DATE: **10/19/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
After January 1, 2006, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SPARKS, REGINALD R 3203 W GADSDEN ST PENSACOLA, FL 32505 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	8000623537 <input type="checkbox"/> Change <input type="checkbox"/> Addition 12/22/05--01033--002 *\$55.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Reginald Sparks** DATE: **10/19/05** DAYTIME PHONE #: **777-4862**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #