

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L06000008338**

1. Limited Liability Company's Name

A-SPARKLETIME.COM LLC

2. Principal Office Address - No P.O. Box #

714 BAYSIDE BLVD

Suite, Apt. #, etc.

City & State

OLDSMAR, FL

Zip

34677

Country

USA

3. Mailing Office Address

714 BAYSIDE BLVD

Suite, Apt. #, etc.

City & State

OLDSMAR, FL

Zip

34677

Country

USA

FILED

09 SEP 23 AM 8:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

700160761957
09/17/09--01029--007 **500.00

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

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

RUTH DELANEY

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

714 BAYSIDE BLVD

Suite, Apt. #, Etc.

City

OLDSMAR

State

FL

Zip Code

34677

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Date

REGISTERED AGENT MUST SIGN

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
P	RUTH DELANEY	714 BAYSIDE BLVD	OLDSMAR, FL 34677
	L. SELLERS		
	SEP 24 2009		
	EXAMINER		

700160761957
09/17/09--01029--007 **500.00

700160761957
09/17/09--01029--008 **16.25

REINSTATEMENT 07-09

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

Ruth Delaney

Date **4/6/09**

Daytime Phone # **813-857-7884**

Typed or printed name of signing Managing Member/Manager **RUTH DELANEY**