

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -3 AM 9:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N99000001742

1. Corporation Name

Sparkle America, Inc.

2. Principal Office Address

3 Boundary Stone Road

Suite, Apt. #, etc.

City & State

Sutton, MA

Zip

01590

Country

3. Mailing Office Address

3 Boundary Stone Road

Suite, Apt. #, etc.

City & State

Sutton, MA

Zip

01590

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

3-15-99

5. FEI Number

65-0916093

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-04

7. Name and Address of Current Registered Agent

Name

Joy Dixon

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

2146 Prairie Avenue

Suite, Apt. #, Etc.

City

Miami Beach

State
FL

Zip Code
33139

700029817057

03/03/04--01054--007 **491.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Joy Dixon

REGISTERED AGENT MUST SIGN

Date

2/27/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| PD | Joy Dixon | 3 Boundary Stone Road | Sutton, MA 01590 |
| D | Kimberly Krause | 3 Boundary Stone Road | Sutton, MA 01590 |
| D | Mark Krause | 3 Boundary Stone Road | Sutton, MA 01590 |
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10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Joy Dixon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/27/04

Daytime Phone #

508-865-0023

CF2ED01 (01/04)