2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000001742

Entity Name: SPARKLE AMERICA, INC.

FILED Aug 15, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3 BOUNDARY STONE RD 142 LONESOME DOVE LANE SUTTON, MA 01590 RINGGOLD, GA 30736

Current Mailing Address: New Mailing Address:

3 BOUNDARY STONE RD 142 LONESOME DOVE LANE SUTTON, MA 01590 RINGGOLD, GA 30736

FEI Number: 65-0916093 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DIXON, JOY DIXON, JOY

2146 PRAIRIE AVE 4730 PÍNETREE DRIVE

MIAMI BEACH, FL 33139 US #1
MIAMI BEACH, FL 33140 US

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.

SIGNATURE: JOY DIXON 08/15/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 DIXON, JOY
 Name:
 DIXON, JOY

 Address:
 3 BOUNDARY STONE RD
 Address:
 142 LONESOME DOVE LANE

 City-St-Zip:
 SUTTONM, MA 01590
 City-St-Zip:
 RINGGOLD, GA 30736

Title: D () Delete Title: D (X) Change () Addition

Name:KRAUSE, KIMBERLYName:KRAUSE, KIMBERLYAddress:3 BOUNDARY STONE RDAddress:142 LONESOME DOVE LANECity-St-Zip:SUTTONM, MA 01590City-St-Zip:RINGGOLD, GA 30736

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name: KRAUSE, MARK Name: KRAUSE, MARK

Address: 3 BOUNDARY STONE RD Address: 142 LONESOME DOVE LANE City-St-Zip: SUTTONM, MA 01590 City-St-Zip: RINGGOLD, GA 30736

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOY DIXON P 08/15/2006