2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000001742

Entity Name: SPARKLE AMERICA, INC.

FILED Oct 15, 2008 Secretary of State

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

110 DOGWOOD COURT 476 FRONT STREET SPRING CITY, TN 37381 SPRING CITY, TN 37381

Current Mailing Address: New Mailing Address:

110 DOGWOOD COURT PO BOX 316

SPRING CITY, TN 37381 SPRING CITY, TN 37381

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

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

DIXON, JOY KRAUSE, JOY

4730 PÍNETREE DRIVE 4730 PINÉTREE DRIVE

MIAMI BEACH, FL 33140 US 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 KRAUSE 10/15/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: DIXON, JOY Name: KRAUSE, JOY

 Address:
 110 DOGWOOD COURT
 Address:
 476 FRONT STREET

 City-St-Zip:
 SPRING CITY, TN 37381
 City-St-Zip:
 SPRING CITY, TN 37381

Title: D () Delete Title: D (X) Change () Addition Name: KRAUSE, KIMBERLY Name: KRAUSE, KIMBERLY

Name:KRAUSE, KIMBERLYName:KRAUSE, KIMBERLYAddress:511 SPRUCE DRIVEAddress:476 FRONT STREETCity-St-Zip:SPRING CITY, TN 37381City-St-Zip:SPRING CITY, TN 37381

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

 Name:
 KRAUSE, MARK
 Name:
 KRAUSE, MARK

 Address:
 511 SPRUCE DRIVE
 Address:
 476 FRONT STREET

 City-St-Zip:
 SPRING CITY, TN 37381
 City-St-Zip:
 SPRING CITY, TN 37381

I hereby certify that the information supplied with this filing does not qualify 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 KRAUSE PD 10/15/2008