## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT			ARTMENT OF STATE tary of State	FILED 04 JUL 19 AM 10:51		
DOCUMENT # P0000042591  1. Corporation Name SPARKO USA INC.				SECRETARY OF STATE TALLAHASSTE, FLORIDA		
8251 N.W. 66th Street 8251 N.W. 66th Street						
2. Principal Office Address 3. Mailing O 8251 N.W. 66th Street 8251 N.W.			. 66th Street		INTERNICALLY	alou
Suite, Apt. #.	, etc.	Suite, Apt. #, etc.	4. Date Inco		Orated or Qualified iness in Florida April 27, 2	2000
City & State Miami, F		City & State Miami, Florida	l a const		er	Applied For Not Applicable
<sup>Zip</sup> 33166	Country USA	Zip 33166	Country USA	6. CERTIFICATE		dditional Fee required Certificate of Status
	Name	7. Name an	nd Address of Current Register	red Agent		
Q   baing	Street Address (P.O. Box Number is 8251 N.W. 66th Street Suite, Apt. #, Etc.  City Miami		iliar with and account the (		State Zip Code FL 33166	)8.75
Signature of Registered A		REGISTERED AGENT MU	WEI-KAI V	_	Date 7/15 /0	<i>Y</i>
9. Names	s and Street Addresses of Each Officer a	and/or Director (Florida nor	nprofit corporations must list at le	east 3 directors)	t	
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zi	ip
P/D	Ching-Sen Wang		3 Jalan Renggam 1515 Seksyn 15		Sha Alhm, Malaysia 40	000
D	Mee-Leng Ding		3 Jalan Renggam 1515 Seksyn 15		Sha Alhm, Malaysia 40000	
V/D	Wei-Kai Wang		6730 Bull Run Road, Apt. F361		Miami Lakes, Florida 33014	
s	Wei-Kai Wang		6730 Bull Run Road, Apt. F361		Miami Lakes, Florida 33014	
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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:  SIGNATURE:  Date: Property of 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.						