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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000081337

1. Corporation Name

PARIS Spraggins Inc.

W08—51856

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

16743 S.W. 99 PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

16743 S.W. 99 PLACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33157

Country

DADE

Zip

33157

Country

DADE

7. Name and Address of Current Registered Agent

Name

PARIS Spraggins

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

16743 S.W. 99 PLACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

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

*Paris Spraggins*

REGISTERED AGENT MUST SIGN

Date 11/10/08

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
P	PARIS Spraggins	16743 S.W. 99 PLACE	MIAMI, FL. 33157

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 contained in Chapter 119, 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:

*Paris Spraggins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/08

Date

305)431-0295

Daytime Phone #

08 NOV 26 PM 1:38

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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REINSTATEMENT 07-08 KS

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Paris Spraggins, INC.  
16743 SW 99<sup>th</sup> Place  
Miami, FL. 33157

To Whom It May Concern:

I, Paris Spraggins, write this letter to explain that I never received an Annual Corporate Report from the Florida Department of State Division of Corporations. I write this letter to see if there is anyway possible that I may get a one time wavier for the fee of \$750.00. My document (employee Id) # P06000081337 and my address is 16743 SW 99<sup>th</sup> Place, Miami, FL. 33157. Please consider this letter with deepest sincerity and I thank you in advance!

If you have any questions please feel free to contact me at (305)431-0295.

Paris Spraggins