

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 27 AM 9:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **PA3000080002**
1. Corporation Name **SPARTIKA, INC.**

Principal Place of Business
**1600 N.W. 10TH AVE
SUITE 8113 (R-2)
MIAMI, FL 33136**
Mailing Address
**C/O MEKANICA, INC.
P.O. BOX 143758
CORAL GABLES, FL 33114**

REINSTATEMENT **9600**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
**1600 N.W. 10TH AVE
SUITE 8113
MIAMI, FL
33136**
Country **USA**
3. New Mailing Address, If Applicable
**C/O MEKANICA, INC.
P.O. BOX 143758
CORAL GABLES, FL
33114**
Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida
11/19/93
5. FEI Number
69-0465785
6. CERTIFICATE OF STATUS DESIRED ☒ **300002046363--1
-01/06/97--01017--007
****383.75 ****383.75**

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PSTD	HOLMES, DAVID C	19824 BOCA GREENS DR.	BOCA RATON, FL 33498

8. Name and Address of Current Registered Agent

**BLOOM, LEONARD H
1101 BRICKELL AVE
SUITE 1400
MIAMI, FL 33131**

9. Name and Address of New Registered Agent

Name **DAVID C. HOLMES.**
Street Address (P.O. Box Number is Not Acceptable)
19824 BOCA GREENS DRIVE
Suite, Apt. #, Etc.
City **BOCA RATON** State **FL** Zip Code **33498**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent REGISTERED AGENT MUST SIGN

Date **12/26/96.**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 **DAVID C. HOLMES** Date **12/26/96** Daytime Phone # **305-324-7747**

CR2E040 (12/95)