

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

97 JUL 16 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000002434
1. Corporation Name SPARK ELECTRIC, INC.

Principal Place of Business Mailing Address (Same)
3211 Ponce de Leon Boulevard
Suite 202
Coral Gables, Florida 33134

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

2. New Principal Office Address, If Applicable 13873 S.W. 285 Street
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable 13873 S.W. 285 Street
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

City & State
Miami, Florida

City & State
Miami, Florida

Zip 33033 Country U.S.A.

Zip 33033 Country U.S.A.

5. FEI Number

65-0460001

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S/D	WILFREDO CABEZAS	13873 S.W. 285 Street	Miami, Florida 33033
			500002242885--3 -07/21/97--01092--004 ***1088.75 ***1088.75

REINSTATEMENT 95-97
G. Alan
7/16/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANIBAL J. DUARTE
3211 Ponce de Leon Boulevard
Suite 202
Coral Gables, Florida 33134

Name WILFREDO CABEZAS

Street Address (P.O. Box Number is Not Acceptable)
13873 S.W. 285 Street

Suite, Apt. #, Etc.

City Miami

State FL

Zip Code 33033

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

Wilfredo Cabezas

REGISTERED AGENT MUST SIGN

Date 7-1-97

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 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:

Wilfredo Cabezas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILFREDO CABEZAS

7-14-97

(305) 268-0358

Date

Daytime Phone #

CR2E040 (12/96)