
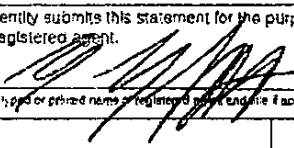
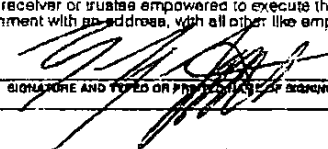


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000086180					
1. Entity Name SPARK-GOLD, INC.					
Principal Place of Business 17210 N.W. 43 AVE. MIAMI, FL 33055 US			Mailing Address 17210 N.W. 43 AVE. MIAMI, FL 33055 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0536382	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPARKS, LEWIS E 17210 N.W. 43 AVE. MIAMI, FL 33055				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPARKS, LEWIS E. 17210 N.W. 43RD AVENUE MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	300046905063 02/21/05--01022--008 **308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Date 2/8/05 Daytime Phone #					

FILED

05 FEB -3 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02082005 REIN-P CR2E098 (6/04)

4. FEI Number
65-0536382

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SPARKS, LEWIS E
17210 N.W. 43 AVE.
MIAMI, FL 33055**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/8/05

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SPARKS, LEWIS E.
17210 N.W. 43RD AVENUE
MIAMI, FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
**300046905063
02/21/05--01022--008 **308.75**
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

Date

Daytime Phone #

SPARK-GOLD, INC.

January 24, 2005

Attn.: Mr. Tyrone Scott

**Department of State/
Division of Corporations**
P.O. Box 6327
Tallahassee, FL 33173

Re: Spark-Gold, Inc.
Subject: Corporation Reinstatement

To Whom It May Concern:

Pursuant to the above- Spark Gold, Inc., FEI # 650536382, of 17210 Northwest 43 Avenue, Miami, Florida, 33055, is requesting to reclassify my company from its present inactive status to a status of active. To the best of my knowledge, Spark-Gold, Inc., had not received notice(s) by mail or otherwise, regarding information by the state to maintain an active corporation. In response to our conversation of last week, I am attaching with this letter a check made to the Department of State, Division of Corporations in the amount \$308.75 as a fee to reinstate my corporation to an active status.

Thank you again for all of your help. Should you have any questions or comments please feel free to call me.

Sincerely,



Lewis Sparks, President
Spark-Gold, Inc.