

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN -2 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION REINSTATEMENT **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

01-03

DOCUMENT # P94000086180

1. Corporation Name
SPARK-GOLD, INC.

2. Principal Office Address
17210 NW 43 AVE.

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip **33055** Country **USA**

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **11-29-94**

5. FEI Number **650536382**

6. CERTIFICATE OF STATUS DESIRED: \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **LEWIS E. SPARKS**

Street Address (P.O. Box Number is Not Acceptable) **17210 NW 43 AVENUE**

Suite, Apt. #, Etc.

City **MIAMI** State **FL** Zip Code **33055**

300020318853
06/02/03 01972 019 **150.00

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 Date **5/13/03**
REGISTERED AGENT MUST SIGN

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
PRES.	LEWIS E. SPARKS	17210 NW 43 AVE	MIAMI, FL 33055

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: Date **5/13/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (10/02)

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SPARK-GOLD, Inc.

May 13, 2003

Attn.: Mr. Tyrone Scott

VIA FAX

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Dear Mr. Scott:

Pursuant to our earlier conversation, with respect to the corporation reinstatement fee's subject to my company, I am requesting that the Florida State Division of Corporations kindly waive the late fee's associated for the years 2001, and 2002. As I previously stated to you, and again in this letter, Spark-Gold, Inc. had not received corporation renewal statements from the state for the years noted above. This, despite the fact, that during some portions of this same subject time period, my company was periodically inactive. However, at this time, Spark-Gold, Inc. is an active corporation. Currently, my company is under contract in two separate projects. Because of this, and to continue with this success, it is imperative that my company be in good standing with the State-Division of Corporations.

Enclosed with this letter, please find the Corporation Reinstatement application, and a certified check for the amount of \$ 450.00. I want to thank you again for your time and effort in dealing with this matter. And should you have any questions at all, please feel free to call me at your earliest convenience.

Sincerely:



Mr. Lewis Sparks
Spark-Gold, Inc.

Cc: File-SG0001