PLEASE READ ALL INST	RUCTIONS	BEFORE C	OMPLETII	NG THE SORE	2	
APPLICATION FLORID				10.	5	
REINSTATEMENT DI	VISION OF CORPOR	ATIONS		FILED		
DOCUMENT # P9700006077			00 OCT 27 PM 1: 50			
1. Corporation Name			•			
SPARKY COSMETICS, INC.			SECRETARY OF STATE TABLEAHASSEE FLORIDA			
Principal Place of Business Mailing Address						
550 BILTMORE WAY 550 BILTMO						
CORAL GABLES FL 33134 CORAL GABLES FL 33134				å i 16.51 i 16.61f såles palet palet poest odell	6311)	
US If above addresses are incorrect in any way, line through incorrect information and enter correction below.						
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If A 550 Biltmore WAY 550 Biltmore		Applicable	Date Incorpo To Do Busine	orated or Qualified ess in Florida	21/1997	
Suite, Apt. #, etc. Suite, Apt. #, Suite, Apt. #,	etc.		5. FEI Number	<u> </u>	Applied For	
City & State Coral Gables FL Coral	C - L)	FL.	6.	65-0725115	Not Applicable	
33134 Country Lip 3313	Country	SA			Additional Fee required a Certificate of Status	
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 Street A Officer and/or Directors 3				City / Stat	e / Zip	
D BRANDT, FREDRIC S 550 BALTIMORE		WAY, STE: 070	-	CORAL GABLES FL 3313	4	
550 Biltmore Way #870						
550 DITTMORE WAY #810						
			71	00003468 -11/17/000 ****150.00	7874 1067014 ****150.00	
					SP	
8. Name and Address of Current Registered Agent			9. Name and A	ddress of New Registered A	gent	
Name						
BRANDT, FREDRIC S. 550 BILTMORE WAY		Street Address (P.O. Box Number is Not Acceptable) 550 Biltmore Way				
CORAL GABLES FL 33134		Suite, Apt. #, Etc	ite 870			
			COCAL GABLES FL 33134			
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 SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN Date						
11. 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 filling 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: SIGNATURE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						

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48292

FREDRIC S. BRANDT, M.D., P.A. DIPLOMATE, AMERICAN BOARD OF DERMATOLOGY

550 BILTMORE WAY SUITE 870 CORAL GABLES, FLORIDA 33134 (305) 443-6606

DERMATOLOGY
DERMATOLOGIC SURGERY
COSMETIC DERMATOLOGY

October 13, 2000

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

Re: Sparky Cosmetics, Inc. FEI #65-0725115

To Whom It May Concern:

Today, I spoke with Tyron Scott at your office and explained our problem. He told me to send a check in the amount of \$150.00 and explain the problem in writing. I attach the form that shows the address and suite number, which was typed incorrectly on your form. Since we did not received the 2000 Profit Corporation Annual Report, due to noted incorrect addresses on the application, we request the corporation be reinstated and no penalty be assessed.

Thank you,

Fredric S. Brandt, M.D.