PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REIN	RPORATI ISTATEM 5 ANI	ENT		R		Secretary SION OF C	y of S	tate	ATE		DIVISI	ON OF CO	ED OF STAI PPORAT	IOHS		
DOCUMENT # P9700093643 1. Corporation Name																
SPARKY ENTERPRISES, INC																
2. Principal Office Address 7481 W. OAKLAND PARK BLVD					3. Mailing C 7481 W BLVD		is LAn	ID PAI	فد							
Suite, Apt. #, etc.					Suite, Apt. #,									-		_
STE 201				.	STE :	201				Date Incorporated or Qualified To Do Business in Florida						
City & State					City & State									T		4
LAUDERHILL, FL				- 1	LAUDERHILL, FL					5. FEI Numbe		9		 	lied For Applicable	┨
Zip		Country	,		Zip		Coun	try		6.	2010	<u>'</u>	60.76	1	.,	4
33319	9	US	Δ_] :	33319		US	A		CERTIFICATE	OF STATE	S DESIRED [Fee require of Status	d
			•	•	7. N	lame and A	ddress	of Current R	egister	ed Agent	•	•				
Name SMYTH REGINA E. Street Address (P.O. Box Number is Not Acceptable)																
	Suite, Apt. # Etc.										/05 	31030	024 *	*150	00	
	Suite, Apt. #, Etc.															
	City										State FL	Zip Code 333	19			
														1/05)		
Signature of Registered Agent											Date		··· / · · · · · · · · · · · · · · · · ·		<u></u> _	CR2E081 (01/05)
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9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)														1		
Titles	itles Name of Officers and/or Directors							treet Address fficer and/or								ı
D	SMYTH REZINA				E 7481 h) STE ZOI O STE ZOI			LAWDERHILL, FL 33319					
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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 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.																
SIGNA	SIGNATURE: Pegina E. Smyth 4.29.05 954.747.9100 SIGNATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #													ķ		