PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -7 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000029955

1. Corporation Name

KAY SPARROW, INC.

2. Principal Office Address	**3.** Mailing Office Address
7707 US Hwy 1, Suite 2	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Vero Beach, FL	City & State
Zip: 32967 / Country: Indian River	Zip / Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida 04/01/1998

5. FEI Number 650824072 — ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Polackwich, Alan S Sr
000035735160
05/07/04--01022--013 **158.75

Street Address (P.O. Box Number is Not Acceptable): 3333 20th Street
000035735160
05/07/04--01022--014 **150.00

Suite, Apt. #, Etc.

City: Vero Beach | State: FL | Zip Code: 32960

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 4-23-04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
D	Caleb G. Sparrow	3470 Mariner's Way	Vero Beach, FL 32963
D	Barbara B. Sparrow	3470 Mariner's Way	Vero Beach, FL 32963

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: Caleb G. Sparrow 4/23/2004 (772) 473-9394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KAY SPARROW, INC.

State License # ES0000175
7707 US Highway 1, Suite 2
Vero Beach, FL 32967

Office (772) 388-2580
FAX (772) 388-1158
Toll Free (877) 388-2580

23 April 2004

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

RE: Request for Waiver of Reinstatement Fee

Dear Sir/Madame,

As stated above this letter is to request a waiver of the reinstatement fee for 2003.

We never received the forms for the 2003 Annual Business Report nor did we receive any notification that our corporation had been dissolved.

In 2002 we filed and paid our annual report online via your website. The email address that we referenced with that filing is no longer a valid address for our corporation. I do not know if the forms would have been sent for 2003 using the email we had used for 2002 or if they would have been sent via the USPS but we never received the forms/notices.

We have enclosed the Corporate Reinstatement forms for 2003 and 2004.

Should you have any questions or need any additional information, please do not hesitate to contact me at my office at (772) 388-2580 or via my CELL phone at (772) 473-9394.

Sincerely,

KAY SPARROW, INC.

Caleb G. Sparrow
President

CGS/cds

Encl