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 II: 58				
DOCUMENT # P98000029955 1. Corporation Name								SECRETARY OF STATE TALLAHASSEE, FLORIDA				
KAY SPARROW, INC.												
2. Principal Office Address 7707 US Hwy 1, Suite 2				3. Mailing Office Address Same								-4 h
Suite, Apt. #, etc.				Suite, Apt. #, etc.				4. Date incom	orated of	badanies & T		-04
City & State Vero Beach, FL				City & State				To Do Business in Florida 04/01/1998 5. FEI Number Applied For 650824072 Net Applied Por				
Zip 32967		Country Indian	River	Zip		Country		6. CERTIFICATE OF STATUS DECIDED S8.75 Addi			Additional for a Certificate	
	7. Name and Address of Current Registered Agent											
	Name Polackwich, Alan S Şr							000035735160 05/07/0401022013 **158.75				
	Street Address (P.O. Box Number is Not Acceptable) 3333 20th Street							_000035735160				
	Suite, Apt."#, Etc.							05/07/04-01022-014 **150.00				
	City Vero Bea	ach							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 REGISTERED AGENT MUST SIGN										-04	CR2E081 (01/04)	
9. Names	and Street Add	dresses	of Each Officer a				e must list at la	east 3 directors)		-		
Titles	M		Name of rs and/or Director		Street Address			ch Charles 17			e / Zip	
D	Caleb G. Sparrow				3470 Mariner's Way			Vero Beach, FL 32963				
D	Barbara B. Sparrow			3470 Mariner's Way			Vay		Vero Beach, FL 32963			
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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		MATURE	E AND TYPED OR	PRINTED NAME OF	ALQ.	FICER OR DIR	PA-CC ECTOR	4/2.	3/2004 Date	(772) 47 Dayt	3-9394 ime 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