

APPLICATION  
FOR

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 26 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000053600

1. Corporation Name

SPARKS ENTERPRISES OF NAPLES, INC.

Principal Place of Business

2999 CRAYTON ROAD  
NAPLES FL 34103

Mailing Address

2999 CRAYTON ROAD  
NAPLES FL 34103

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/11/1999

5. FEI Number

59-3578210

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SPARKS, WILLIAM K JR.	2999 CRAYTON ROAD	NAPLES FL 34103
D	SPARKS, STEPHANIE S	2999 CRAYTON ROAD	NAPLES FL 34103

700003465487--4  
-11/16/00--01009--020  
\*\*\*\*150.00 \*\*\*\*150.00

DOUBT 78

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPARKS, WILLIAM K JR.  
2999 CRAYTON ROAD  
NAPLES FL 34103

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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*William K. Sparks*  
REGISTERED AGENT MUST SIGN

Date

10-22-00

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# MOVIES ON VIDEO INC.

To Whom It May Concern,

I never received a report or the

rejection letter sent out on Sept. 21, 2000.

I would also like to have all penalty  
waived for I have sent a check in and  
the form correctly.

Thank you

William K. Sparks Jr.