PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 JAN -9 AM 11:23

DOCUMENT # P99000090960

1. Corporation Name

SPARER MANUFACTURING, INC.

Principal Place of Business	Mailing Address
5735 NE 2ND AVE MIAMI FL 33137	5735 NE 2ND AVE MIAMI FL 33137

REINSTATEMENT 6 01

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 Applicable
4750 East Union Hills Dr.	4750 East Union Hills Dr.
Suite, Apt. #, etc. Suite # 2032	Suite, Apt. #, etc. Suite 2032
City & State Phoenix, AZ	City & State Phoenix, AZ
Zip 85050 Country USA	Zip 85050 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/14/1999

5. FEI Number: 65-0955190 ☐ Applied For ☐ Not Applicable

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

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	SPARER, SOL	~~5721 NE 2ND AVENUE~~ 1640 BAY DRIVE	~~MIAMI FL 33137~~ MIAMI Beach Fl 33141
D	HARK, BRENDA	~~5721 NE 2ND AVENUE~~ 1640 BAY DRIVE	MIAMI FL 33137 MIAMI Beach Fl 33141
			500004784575--0 -01/18/02--01053--016 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

~~HELLMAN, MAYNARD J~~
~~150 S PINE ISLAND ROAD SUITE 500~~
~~PLANTATION FL 33324~~

9. Name and Address of New Registered Agent

Name: Sol SPARER
Street Address (P.O. Box Number is Not Acceptable): 1640 BAY DRIVE
Suite, Apt. #, Etc.:
City: MIAMI Beach State: FL Zip Code: 33141

CR2E040 (8/01)

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 Sol SPARER Date: 11-28-01
REGISTERED AGENT MUST SIGN

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 REQUIRED Sol SPARER 11-28-01 305-864-9919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #