


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 OCT -5 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L05000043806**

1. Limited Liability Company's Name

**CANDI CANE LLC**

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # <b>1575 MARITIME DR</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>1575 MARITIME DR</b> Suite, Apt. #, etc.	
City & State <b>CARLSBAD CA</b>		City & State <b>CARLSBAD CA</b>	
Zip <b>92011</b>	Country <b>SAN DIEGO</b>	Zip <b>92014</b>	Country <b>SAN DIEGO</b>

4. State/Country of Formation  
**FL.**

5. Date Organized or Qualified To Do Business in Florida  
**MAY 3, 2005**

6. FEI Number  
**N/A**

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status.  Not Applicable

8. Name and Address of Current Registered Agent

Name  
**Michael Kerlew**

Street Address (P.O. Box number is Not Acceptable)  
**2219 E. Atlantic Blvd**

Suite, Apt. #, Etc.

City  
**Pompano Beach, FL**


State  
**FL**

Zip Code  
**33062**

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

? PLEASE COVER LETTER

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  Date **10/2/07**

REGISTERED AGENT MUST SIGN

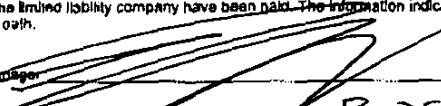
10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
<b>PRES</b>	<b>ROBERT E. CRIDER</b>	<b>1575 MARITIME DR.</b>	<b>CARLSBAD CA 92011</b>
			<b>500110233685</b> <b>10/03/07--01034--012 **100 00</b>
			<b>500110233685</b> <b>10/03/07--01034--013 **100 00</b>
			<b>500110233685</b> <b>10/03/07--01034--014 **5.0</b>

**REINSTATEMENT**

**06, 07**

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager  Date **10/2/07** Daytime Phone # **(858) 793-5401**

Typed or printed name of signing Managing Member/Manager **ROBERT E. CRIDER**