


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P99000024036</b> 1. Entity Name <b>CANDELO CORPORATION</b>	
--	---

FILED  
05 NOV -7 PM 12: 13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>7657 PINES BLVD. PEMBROKE PINES, FL 33024</b>	Mailing Address <b>7657 PINES BLVD. PEMBROKE PINES, FL 33024</b>
---	---



2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
---	---

10182005 REIN-P CR2E098 (6/04)

City & State  Zip Country	City & State  Zip Country
---------------------------------	---------------------------------

4. FEI Number <b>65-0903873</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**DELGADO, EDMEE E  
3928 E. LAKE TERRACE  
MIRAMAR, FL 33023**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Edmee E. Delgado* 10/19/2005  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$750.00  
After January 1, 2006, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FIGUEROA, CARMEN E</b> <input type="checkbox"/> Delete <b>7657 PINES BLVD.</b> <b>PEMBROKE PINES, FL 33024</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>for 11/8</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000060898580</b> <b>10/24/05--01058--018 **158.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carmen E. Figueroa* 10-19-05 (954) 986-9867  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11-4-05

To: Division of Corporations

RE: Reinstatement Ref Number; P99000024036  
Candelo Corporation. In Response to,  
Letter number; 005A 00065478

Dear Sir/Madam,

When we sent the Reinstatement Check for a \$150.<sup>00</sup>, we advised you this was second year we never received a Renewal statement, and this was a Request to Recive it for the following Renewal Period. In light of no paperwork enabled us to process the proper documents. We do not have access to Computer at this time. Please waive late fees or penalties at this time and Reinstete our Certificate, for 2005. Your special attention will be much appreciated. Please take this request into Consideration as there are hardships here in So. Fla.

Thank You in Advance  
Carmen Figueroa P.  
Edmee Delgado Agent