

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 10th



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

APPLICATION
 FOR
 REINSTATEMENT

FILED

03 OCT 21 AM 9:41

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000024036**

1. Corporation Name

CANDELO CORPORATION

Principal Place of Business

Mailing Address

7657 PINES BLVD.
 PEMBROKE PINES FL 33024

7657 PINES BLVD.
 PEMBROKE PINES FL 33024



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

4. Date Incorporated or Qualified To Do Business in Florida

03/16/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0903873

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PSTD	VALLE GERMAN, ANGEL LUIS	7657 PINES BLVD.	PEMBROKE PINES FL 33024

REINSTATEMENT 03

T00023961107
 10/21/03--01022--006 **158.75
 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BENITEZ, LEO ESQ.
 122 MINORCA AVENUE
 CORAL GABLES FL 33134

Name **Edmee' E. DELGADO**
 Street Address (P.O. Box Number is Not Acceptable)
3928 E. LAKE Terrace
 Suite, Apt. #, Etc.

City **MIRAMAR**

State **FL**

Zip Code **33023**

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. or 617.0505, F.S.

Signature of Registered Agent

Edmee' E. Delgado
 REGISTERED AGENT MUST SIGN

Date

10/15/03

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:

Edmee' E. Delgado
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/03 954-986-9867

CR2E040 (7/03)

10-15/03

To Whom This May Concern,

I Angel Valle, officer of Candello Corporation of 7651 Pine Bluff, Pembroke Pines, FL 33024. daytime # 954-986-9867. is advising you that the uniform Business Report form, or any other forms or letters were never received by you for a renewal filing status. what was received was this enclosed reinstatement form advising me of the disbandment of my Corporation. I am enclosing this letter along with the \$4.50⁰⁰ filing fee as per your agent via telephone conversation on 10/15/03 and a additional fee of \$7.75 for a Certificate of Status. This application for Reinstatement was the first form I have received and was in October, 2003. Please accept my filing Status to be Reinstated form as I believe this has been an error not my fault.

Thank You in
Advance

Oralle