

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 6:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000067586

1. Corporation Name

CANDYBAR INVESTMENTS, INC.

Principal Place of Business

7630 PORTO VECCHIO PLACE
DELRAY BEACH FL 33446

Mailing Address

7630 PORTO VECCHIO PLACE
DELRAY BEACH FL 33446

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/05/2001

5. FEI Number

11/751 65-1117518

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	CLARK, ROSS	7630 PORTO VECCHIO PLACE	DELRAY BEACH FL 33446

600009034706
11/15/02--01096--018 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLARK, ROSS
7630 PORTO VECCHIO PLACE
DELRAY BEACH FL 33446

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11/10/02

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)(l), 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 #

CARE/040 (002)

CANDYBAR INVESTMENTS, INC.
7630 PORTO VECCHIO PLACE
DELRAY BEACH, FL 33446

November 5, 2002- -

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

**Re: Candybar Investments, Inc.
65-1117518**

Dear Sir/Madam:

Enclosed is a completed application for reinstatement and the \$150 fee to file the report without penalty. We are a new corporation trying to create jobs in Florida and comply with federal, state and city regulations in order to start off right, a whole new education process.

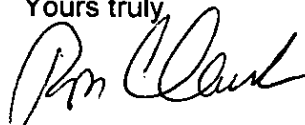
I did not receive prior Uniform Business Report notices.

I respectfully request that Candybar Investments, Inc. be reinstated as a corporation authorized to do business in the State of Florida.

We have now engaged a certified public accountant to ensure all future compliance.

Thank you for your consideration.

Yours truly,

A handwritten signature in dark ink, appearing to read "Ross Clark", is written over the typed name.

Ross Clark, President
Candybar Investments, Inc.