

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 30 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P 000000066360
CANDEE, S.P. INC.

2. Principal Office Address

63A EASTGATE DR.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

Zip

33436

Country

U.S.

3. Mailing Office Address

138 TRAPELO RD

Suite, Apt. #, etc.

City & State

LINCOLN, MA

Zip

01773

Country

US

REINSTATEMENT

02

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/03 01065 023 550.00
7/11/00

5. FEI Number

65-1035004

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STEVEN GARELLEK

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

700 S. FEDERAL HWY - STE 200 - 526

Suite, Apt. #, Etc.

SUITE 200 - 526

City

BOCA RATON

State

FL

Zip Code

33432

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	MORTON CANDEE	63A EASTGATE DR	BOYNTON BEACH, FL 33436
V.P.	DANIEL CANDEE	138 TRAPELO RD	LINCOLN, MA 01773

10. 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:

Daniel Candee DANIEL CANDEE, V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/03 781 259 8788

Date

Daytime Phone #

CR2E081 (10/02)

TR

Candee Investments, Ltd.
138 Trapelo Road
Lincoln, MA 01773

(781) 259-8788 tel
(781) 259-0170 fax
danielcandee@aol.com

December 23, 2003

Division Of Corporations
409 E. Gaines St
Tallahassee, FL 32399

Re: Corporation Reinstatement
Candee G.P., Inc

Dear Sir or Madame:

Enclosed are two checks, one in the amount of \$200 for reinstatement and the other for \$17.50 to cover (2) two copies of a Certificate of Status. Please send the certificates to me at the above address. Thank you.

Sincerely,


Daniel Candee