PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 AUG 23 AM 10: 00

KS

DOCUMENT # F01000005048

1. Corporation Name
CANDELARIA CORP OF BVI

REINSTATEMENT 02-10

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
CITGO BLDG		5725 SW 77 TERR	
Suite, Apt. #, etc. WICKHAM CAY		Suite, Apt. #, etc.	
City & State ROAD TOWN, TORTOLA		City & State SO. MIAMI, FL	
Zip	Country BWI	Zip 33143	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 09/25/2001

5. FEI Number 98-0359044 ☐ 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 ADRIAN S DEPPE

Street Address (P.O. Box Number is Not Acceptable) 5725 SW 77 TERR

Suite, Apt. #, Etc.

City SOUTH MIAMI | State FL | Zip Code 33143

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08/13/10--01012--010 **1350.00

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 ✓ [signature] Date ✓ 8-9-10

REGISTERED AGENT MUST SIGN

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
D	ADRIAN S DEPPE	5725 SW 77 TERR	SO MIAMI, FL 33143

10. E-mail Address: MET@TOCANCO.COM
(To be used for future annual report notification)

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. I further certify, 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] 8-9-10 305-663-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #