

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 DEC -5 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000005833**

1. Corporation Name

CANDELA JEWELRY INC.

Principal Place of Business

Mailing Address

**15 WEST 37TH STREET
NEW YORK NY 10018**

**15 WEST 37TH STREET
NEW YORK NY 10018**

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.
4507 N.W. 103rd Avenue

Suite, Apt. #, etc.
4507 N.W. 103rd Avenue

City & State
Sunrise, FL

City & State
Sunrise, FL

Zip Country
33351 Broward

Zip Country
33351 Broward

4. Date Incorporated or Qualified
To Do Business in Florida

11/07/1996

5. FEI Number

13-2976407

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$6.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PC - D	KOCHMAN, THOMAS H	22 HALF MILE ROAD	ARMONK NY 10504
TD	KOCHMAN, RHONA	22 HALF MILE ROAD	ARMONK NY 10504
V - D	CANDELA, ANTONIO	CONDE SALVATIERRA, 16, 46004, VA	SPAIN
SVC	CANDELA, ANDRES	CONDE SALVATIERRA, 16, 46004, VA	SPAIN
D	ROSES, EDUARDO M	CALLE 153 NO. 3, 46182 LA CANYAD	VALENCIA, SPAIN

8. Name and Address of Current Registered Agent

**WEAVER, JEFFERSON H
871 EAST COMMERCIAL BOULEVARD
FT. LAUDERDALE FL 33334**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/30/97 954-776-0122

CP2E040 (8/97)