

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F96000005833

1. Entity Name
CANDELA JEWELRY INC.



Principal Place of Business
4507 NW 103RD AVENUE
SUNRISE, FL 33351

Mailing Address
4507 NW 103RD AVENUE
SUNRISE, FL 33351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

APPROVED
AND
FILED
04 OCT 22 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 04

10182004

REIN-P

CR2E098 (6/04)

4. FEI Number

13-2976407

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PCD
NAME KOCHMAN, THOMAS H ☐ Delete
STREET ADDRESS 16490 BROOKFIELD ESTATES
CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE TD
NAME KOCHMAN, RHONA ☐ Delete
STREET ADDRESS 16490 BROOKFIELD ESTATES
CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE VD
NAME CANDELA, ANTONIO ☐ Delete
STREET ADDRESS CONDE SALVATIERRA, 16, 46004, VALENCIA
CITY-ST-ZIP SPAIN,

TITLE SVC
NAME CANDELA, ANDRES ☐ Delete
STREET ADDRESS CONDE SALVATIERRA, 16, 46004, VALENCIA
CITY-ST-ZIP SPAIN,

TITLE D
NAME ROSES, EDUARDO M ☐ Delete
STREET ADDRESS CALLE 153 NO. 3, 46182 LA CANYADA
CITY-ST-ZIP VALENCIA, SPAIN,

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 900042100859
CITY-ST-ZIP 10/22/04--01027--020 **150.00

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 900042100859
CITY-ST-ZIP 10/22/04--01027--021 **8.75

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

19 (954)
20/4 746-0122