

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC 17 AM 8:00

**DOCUMENT # G23375**

**1. Corporation Name**

Candle, Inc.

522 South Pineapple Avenue  
522 South Pineapple Avenue

**2. Principal Office Address**

522 South Pineapple Avenue

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34236

Country

Sarasota

**3. Mailing Office Address**

522 South Pineapple Avenue

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34236

Country

Sarasota

**REINSTATEMENT**

99-04  
MRS

**4. Date Incorporated or Qualified  
To Do Business in Florida**

02/09/1983

**5. FEI Number**

59-2253245

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

Lance W. Stahl

Street Address (P.O. Box Number is Not Acceptable)  
1130 Bayshore Drive #271

Suite, Apt. #, Etc.

# 271

City

Terra Ceia

State  
FL

Zip Code  
34250

200044539482  
01/11/05--01048--022 \*\*1501.00

**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

Date 11/20/2004

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
Pres.	Lance W. Stahl	1130 Bayshore Drive #271	Terra Ceia, FL 34250
Sec.	Ralph Sayers	1130 Bayshore Drive #271	Terra Ceia, FL 34250

**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:**

*Lance W. Stahl* Lance W. Stahl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/2004

Date

941 953-7776

Daytime Phone #

CR2E081 (01/04)

ALL REINSTATEMENTS NOT COMPLETED IN ACCORDANCE WITH THESE INSTRUCTIONS WILL  
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