

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 JUN 14 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

M 99551  
CANDY CAN DO, INC

2. Principal Office Address

8144 GROVER CLEVELAND (same)

3. Mailing Office Address

8144 GROVER CLEVELAND (same)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMOSASSA

City & State

HOMOSASSA

Zip

34446 USA

Country

Zip

34446 USA

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9-14-1988

5. FEI Number

592908031

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

Lee S SEARS (sears)

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

8144 GROVER CLEVELAND

Suite, Apt. #, Etc.

City

HOMOSASSA

State

FL

Zip Code

34446

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]*

REGISTERED AGENT MUST SIGN

Date

6/14/05

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	Lee Sears	8144 GROVER CLEVELAND	HOMOSASSA
			FL 34446

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:

Lee S SEARS

6/15/05

3526289194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C02F001 (01/05)

June 14, 2005

FILED

2/2

05 JUN 14 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I did not receive the Annual Report information  
for the year 1998, for the Corporation Candy Candles, Inc.  
Doc. # M99551.

Thank you! @



Lee S. Sears  
President.