

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 24 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000010051

1. Corporation Name

CANDLE SCENES.COM, INC.

Principal Place of Business

Mailing Address

1411 S.W. 12th Ave

5312 NW 22ND AVENUE

PORT LAUDERDALE FL 33309

FORT LAUDERDALE FL 33309

Pompano Bch. Fl. 33069

SAME AS
P. of
Business



REINSTATEMENT 83

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0982922

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
ST	ONDERLINDE, ROBERT	5700 N.E. 17 th Ave	FORT LAUDERDALE FL 33309 33334
PCVP	ONDELIMINDE, SUSAN J	5700 N.E. 17 th Ave.	FORT LAUDERDALE FL 33309 33334

888824092010
10/24/03--01067--017 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~ONDERLINDE, ROBERT C~~ SUSAN J. Onderlinde
~~5312 NW 22ND AVE~~ 1411 S.W. 12th Ave
~~FORT LAUDERDALE FL 33309~~ SUITE D
Pompano Bch, Fl. 33069

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. or 617.0505, F.S.

Signature of
Registered Agent

Susan J. Onderlinde
REGISTERED AGENT MUST SIGN

Date 10/21/03

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 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:

SUSAN J. Onderlinde
Susan J. Onderlinde

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-
10/21/03 895-1530

CR2E040 (7/03)

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

October 22, 2003

Dear Sir,

I'm writing to ask you to please reinstate my corporation for \$150.00 as we never recieved the report form until now. We have moved and I just now got the reinstatement form on 10-21-2003.

We appreciate your consideration in this matter.

Thank you.

Regards,


Susan J. OnderLinde
Candlescenes.com Inc.