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APPROVED AND FILED

04 NOV 23 AM 10: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000042436

1. Entity Name
CANDIDO, INCORPORATED

11192004 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
PO BOX 1184 DAVENPORT, FL 33836	PO BOX 1184 DAVENPORT, FL 33836
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-3725449 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RODRIGUEZ, CANDIDO JR. 126 FOREST AVE. DAVENPORT, FL 33837	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RODRIGUEZ, CANDIDO JR PO BOX 1184 DAVENPORT, FL 33836 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600042954856 11/23/04--01023--022 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] 11-19-04 863-648-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B292

AIA Paralegal, Inc.

Tax Consulting, Accounting & Tax Problems Resolution

206 Lake Harris Drive
Lakeland, Fl 33813
863-648-0123 Fax-863-647-5905
E-Mail: Cooktax@aol.com

October 26, 2004

Secretary of State
Division of Corporations
P.O. Box 6327
Attn: Reinstatment
Tallahassee, Fl 32304

RE: Candido Inc P01000042436

Dear Sirs/Madams:

We are attaching an Application for Corporation Reinstatement for the above listed Corporation. The UBR's Annual Report was not received for 2004. The taxpayer corporation was under the assumption that our office had filed the reports for them and so did not question the fact that they had not received the UBR. In addition, please note the address of the corporation. They were in the middle of all three hurricanes and in the midst of evacuations and closing up the offices, filing away papers for protection from water damage, etc. any paperwork would have been filed away or was misplaced

Due to the hurricanes and evacuations, filings, etc., taxpayer is requesting that you abate the penalty. We are enclosing our check in the amount of $150.00 for the regular filing fee.

Thank you for your attention to this matter.

Sincerely,

Jeannie Chodazeck
Account Manager

Cc: LCF, Inc.