

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 14 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

*P0100091947*

1. Corporation Name

*The Candy Clouds Company*

2. Principal Office Address

*3600 Van Buren St*

Suite, Apt. #, etc.

*Suite 307*

City & State

*Hollywood FL*

Zip

*33021*

Country

*USA*

3. Mailing Office Address

*3033 Longshore Ave*

Suite, Apt. #, etc.

City & State

*Philadelphia PA*

Zip

*19149*

Country

*USA*

4. Date Incorporated or Qualified  
To Do Business in Florida

*9-19-01*

5. FEI Number

*65-114607*

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

*David L. Weiss*

*400008343544*

*--2*

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

*3600 Van Buren St.*

*-10/14/02--01004--005*

*\*\*\*\*150.00 \*\*\*\*150.00*

Suite, Apt. #, Etc.

*Suite 307*

City

*Hollywood*

State

*FL*

Zip Code

*33021*

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 *10/10/02*

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
P.S.	<i>Barry Jay Bass</i>	<i>7760 Saint Mark Plwy</i>	<i>Duluth GA 30097</i>
V	<i>Shawn Kilcoyn</i>	<i>3033 Longshore Ave</i>	<i>Philadelphia PA 19149</i>

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*President + Secretary*

Date

*10-7-02 770 560.0803*

Daytime Phone #

*10/14/02*

CR2E081 (9/01)



October 7, 2002

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

To Whom It May Concern:

Attached please find a completed, signed, Corporation Reinstatement Form, along with a check for \$150.00.

It was by sheer coincidence that I found out the present dissolution status of our company. I was actually trying to get information from the company where we purchased our minute book and they told me the shocking news.

The truth is, we have never received any notifications to pay any annual fees. This being our first Florida Corporation, I did not even know to expect one.

I am not sure how this could have happened, though if I had seen the notification, I would have sent it back immediately. Please accept our check for \$150 and waive the reinstatement fee of \$600. I in turn will further evaluate the address we are presently receiving these notices.

Thank you for your consideration.

ALL THE BEST!

Barry Jay Bass  
President  
The Candy Clouds Company

*The Candy Clouds Company, Inc.*

7760 Saint Marlo Parkway, Duluth GA 30097 \* Phone: (770) 623-4441 \* Fax: (770) 623-4665 \* E-mail: eatclouds@aol.com

[www.candyclouds.net](http://www.candyclouds.net)

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