

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *P03000050140*

1. Corporation Name

*Candles of Eden, Inc.*

2. Principal Office Address

*10390 NW 18th MNR*

Suite, Apt. #, etc.

City & State

*Plantation, FL*

Zip

*33322*

Country

*USA*

3. Mailing Office Address

*same*

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

*2003*

5. FEI Number

*91-2193407*

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

*Rosalynn Muhammad*

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

*10390 NW 18th MNR*

Suite, Apt. #, Etc.

City

*Plantation*

State

*FL*

Zip Code

*33322*

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]*

Date

*11/14/06*

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
<i>PSD VP</i>	<i>Rosalynn Muhammad</i>	<i>10390 NW 18th MNR</i>	<i>Plantation, FL 33322</i>

*700081995437*  
*11/17/06--01010--022 \*\*300.00*

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 contained in Chapter 119, 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]* *Rosalynn Muhammad*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*11/14/06* *877-205-5718*

CANDLES OF EDEN, INC.

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November 14, 2006

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

To whom it may concern:

We are hereby requesting that all reinstatement fees be waived since our corporation did not receive the annual report notices. Included please find the Annual Report Fees for 2005 and 2006.

Sincerely,

Rosalynn Muhammad  
President