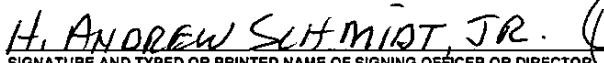


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # P030000 83594																															
FILED 05 APR 25 PM 3:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA																															
REINSTATEMENT 04-05																															
2. Principal Office Address 705 FAIRVIEW DR Suite, Apt. #, etc.		3. Mailing Office Address ← V Suite, Apt. #, etc. ← → SAME																													
City & State Ft. WALTON BEACH, FL Zip 32547 Country USA		City & State ← → ↑ Zip Country																													
4. Date Incorporated or Qualified To Do Business in Florida JULY 30 2003 5. FEI Number 05-0580413 <table border="1" style="float: right; border-collapse: collapse; width: 100px;"> <tr> <td style="width: 50px;">Applied For</td> <td style="width: 50px;">Not Applicable</td> </tr> </table>				Applied For	Not Applicable																										
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6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																															
7. Name and Address of Current Registered Agent Name ANDREW SCHMIDT JR. Street Address (P.O. Box Number is Not Acceptable) 705 FAIRVIEW DR Suite, Apt. #, Etc. City Ft. WALTON BEACH																															
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  Date 21 APR 05 REGISTERED AGENT MUST SIGN																															
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 40%;">Name of Officers and/or Directors</th> <th style="width: 40%;">Street Address of Each Officer and/or Director</th> <th style="width: 10%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>ANDREW SCHMIDT JR</td> <td>705 FAIRVIEW DR.</td> <td>Ft. WALTON BEACH, FL 32547</td> </tr> <tr> <td>VP</td> <td>" " "</td> <td>" " "</td> <td>" , FL 32547</td> </tr> <tr> <td>S</td> <td>" " "</td> <td>" " "</td> <td>" , FL 32547</td> </tr> <tr> <td>T</td> <td>" " "</td> <td>" " "</td> <td>" , FL 32547</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">JR SM</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P	ANDREW SCHMIDT JR	705 FAIRVIEW DR.	Ft. WALTON BEACH, FL 32547	VP	" " "	" " "	" , FL 32547	S	" " "	" " "	" , FL 32547	T	" " "	" " "	" , FL 32547				JR SM				
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			JR SM																												
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		561-719-3336 21 APR 05 Date Daytime Phone #																													

21 April 2005

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
Corporate Records
Re-Instatement Section
P.O. Box 6327
Tallahassee, FL 32314

CDWA CO
705 Fairview Drive
Fort Walton Beach, FL 32547
561.719.3336 (cell)
cdwaco@yahoo.com

To Whom It May Concern:

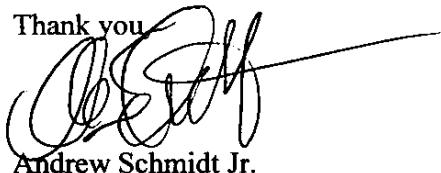
I am writing you to inform you that my address has changed and I never received the notices that I owe you \$150.00 per year. I'm sending you \$300.00 to cover 2004 and 2005.

Please change my address in your records section and accept my apology for the late fees.

I'm also dropping the Fictitious Name "SAFE E-CANDLE" and only using "CDWA CO". The registration # for "SAFE E-CANDLE" is; G03211900199. The previous address was 1732 S. Congress Ave. #327, Palm Springs, FL 33461.

If you have any questions you may contact me at the number above.

Thank you,



Andrew Schmidt Jr.