

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 DEC 23 PM 9:19



12162005 REIN-P CR2E098 (6/04)

<b>DOCUMENT # P04000019931</b> 1. Entity Name CANDELARIA, CORP.		
Principal Place of Business <del>272 E 55 ST</del> <del>HIALEAH, FL 33013</del>		Mailing Address <del>272 E 55 ST</del> <del>HIALEAH, FL 33013</del>
2. Principal Place of Business 3671 NW 100 ST	3. Mailing Address 3671 NW 100 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State MIAMI FL		City & State MIAMI FL
Zip 33147	Country USA	4. FEI Number 35-2224409
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable
6. Name and Address of Current Registered Agent GONZALEZ, LEONET G 272 E 55 ST HIALEAH, FL 33013		7. Name and Address of New Registered Agent 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: <small>Signature, typed or printed name of registered agent and title if applicable.</small>		LEONET GONZALEZ <small>(NOTE: Registered Agent signature required when reinstating)</small>
DATE: 12/16/05		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD GONZALEZ, LEONET <del>272 E 55 ST</del> <del>HIALEAH, FL 33013</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FELIPE, DANIEL <del>272 E 55 ST</del> <del>HIALEAH, FL 33013</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3671 NW 100 ST MIAMI FL 33147	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3671 NW 100 ST MIAMI FL 33147	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300062375123 12/23/05--01040--016 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		LEONET GONZALEZ DATE: 12/16/05 DAYTIME PHONE: 305 216 2415

12/27