PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 NOV 10 AM 9:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P12000075556

CR2E081 (11/10)

1. Corporation Name
Global Candle Gallery of San Diego Inc

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
823 W. Harbor Drive	418 W. College Ave
Suite, Apt. #, etc.: Space F	Suite, Apt. #, etc.:
City & State: San Diego, CA.	City & State: Ruskin, FL.
Zip: 92101 Country: USA	Zip: 33570 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: Sept 05 2012

5. FEI Number: 20-3122461 ☐ 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: William J Hunt
Street Address (P.O. Box Number is Not Acceptable): 418 W. College Ave
Suite, Apt. #, Etc.:
City: Ruskin, State: FL Zip Code: 33570

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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 Nov 06, 2014
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
P	William J Hunt	418 W. College Ave	Ruskin, FL. 33570
		NOV 10 2014	
	REINSTATEMENT	R. HUNT	

10. **E-mail Address:** globalcandleman@msn.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 11/06/14 813-331-5962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #