

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 AUG -7 PM 11:36

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

300316906933

DOCUMENT # P14000095575

1. Corporation Name

Candy Group USA Inc.

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9040 Town Center Parkway

Suite 1500, 1750 Tysons Boulevard

City & State

City & State

Lakewood Ranch, Florida

Virginia

Zip

Country

Zip

Country

FL34202

USA

22102

USA

4. Date Incorporated or Qualified
To Do Business in Florida

November 112014

5. FEI Number

47-2484522

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Yes

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

State

Zip Code

Tallahassee, Florida

FL

32301

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

Roxanne Turner
REGISTERED AGENT MUST SIGN

Roxanne Turner

Asst. Vice President

Date 08/06/18

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	Jonathan Marks	9040 Town Center Parkway	Lakewood Ranch FL34202

10. E-mail Address: accounts@candygroupglobal.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:

J. Marks

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


08/06/18

Date

+1 443 370 3636

Daytime Phone #

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 336441 7746226
AUTHORIZATION : 
COST LIMIT : \$ 900.00

ORDER DATE : August 7, 2018

ORDER TIME : 1:57 PM

ORDER NO. : 336441-005

CUSTOMER NO: 7746226

DOMESTIC FILINGS

NAME: CANDY GROUP USA INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - Ext#

EXAMINER'S INITIALS _____

18 AUG -7 PM 1:25