

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

12/10/98

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 21 PM 6:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9000062021

1. Corporation Name

CANDEL, INC.

Principal Place of Business

2620 SW 27th Avenue
Miami, Florida 33133

Mailing Address

2620 SW 27th Avenue
Miami, Florida 33133

If above addresses are incorrect in any way, line through incorrect information and enter correct information below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

7-17-97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

69-0837249

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P, D	CHARLES ANUDU	13901 NW 4th Street #F304	Pembroke Pines, FL. 33028
S	Fidelma Anudu	13901 NW 4th Street #F304	33028 Pembroke Pines, FL

100002722411-1
-12/24/98-01088-003
****750.00 ****750.00

8. Name and Address of Current Registered Agent

Sheldon L. Gottlieb, Esq.
10700 N. Kendall Drive
Suite 203
Miami, Florida 33176

9. Name and Address of New Registered Agent

Name
Charles Anudu
Street Address (P.O. Box Number is Not Acceptable)
2620 SW 27th Avenue
Suite, Apt. #, Etc.
City
Miami
State
FL
Zip Code
33133

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date DECEMBER 16, 1998

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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)(f), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANUDU, CHARLES DECEMBER 16, 1998 (954)
704 8201

Date

Daytime Phone #

CR2E040 (1/88)