

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JUL 23 PM 12:45

DOCUMENT # 997000071963

1. Corporation Name

The Firelakra Candle Company

Principal Place of Business

8018 SR 54 N
New Port Richey, FL 34653

Mailing Address

P.O. Box 24102
Tampa, FL 33623

REINSTATEMENT 98-99

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 24102

City & State

City & State

Tampa, Florida

Zip

Country

Zip

Country

33623

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3467623

Applied For

Not Applicable

6. 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres. CEO	Craig M. Tingley	930 Halstead Drive	Marietta, GA 30064
V. Pres.	Anthony V. Nostro	16216 Rambling Vine	Tampa, FL 33624

500002948835--5
-08/03/99--01043--010
****900.00 ****900.00

\$7130

8. Name and Address of Current Registered Agent

Craig M. Tingley
10414 St. Tropez Place
Tampa, FL 33615

9. Name and Address of New Registered Agent

Name
Anthony V. Nostro
Street Address (P.O. Box Number is Not Acceptable)
16216 Rambling Vine
Suite, Apt. #, Etc.
City
Tampa
State
FL
Zip Code
33624

10. I, being appointed the registered agent for 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

Anthony V. Nostro

Date

July 20, 1999

11. This corporation owes 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)(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

[Signature]

CRAIG M. TINGLEY

6-19-1999 770-989-2805
Date Daytime Phone #

CR2E081 (12/98)