

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 12, PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

PA97000071963

1. Corporation Name

The Firelabra Candle Company

2. Principal Office Address

2687-F McCollum Parkway

3. Mailing Office Address

P.O. Box 164

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kennesaw, GA

City & State

Marietta, GA

Zip

30144

Country

Cobb

Zip

30064

Country

Cobb

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/20/1997

5. FEI Number

59-3467623

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Anthony Nostro

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

16216 Rambling Vine

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33620

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

Anthony Nostro

REGISTERED AGENT MUST SIGN

Date 06/02/2003

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	Craig Tingley	2687-F McCollum Parkway	Kennesaw, GA 30144

10. 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:

Anthony Nostro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/14/2003

Date

Daytime Phone #

CR2E081 (10/02)