

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 JUN -5 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris,
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000031937

1. Corporation Name

Bright Glow Candle Corp.

2. Principal Office Address

Bright Glow Candle Corp.

3. Mailing Office Address

Bright Glow Candle Corp.

Suite, Apt. #, etc.

3645 NW 74th St.

City & State

Miami, FL

Zip

33147

Country

USA

Suite, Apt. #, etc.

3645 NW 74th St.

City & State

Miami, FL

Zip

33147

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/7/98

5. FEI Number

91-1902696

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

600003296976--2
-06/20/00--01045--014
***308.75 ***308.75

7. Name and Address of Current Registered Agent

Name

Ricardo Alcedo

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

7135 Collins Ave.

Suite, Apt. #, Etc.

#932

City

Miami Beach

State

FL

Zip Code

33125

REINSTATEMENT 99-00TS

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

Ricardo Alcedo

Date

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	Ricardo Alcedo	7135 Collins Ave. #932	Miami Beach, FL 33125
S	Virgina Alcedo	7135 Collins Ave. #932	Miami Beach, FL 33125

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ricardo Alcedo

5/9/2000

Date

(323) 587-4002

Office Phone #

CR2E081 (9/99)