

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN -2 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000078384

1. Corporation Name **Southern Lights Candle Company**

2. Principal Office Address

3. Mailing Office Address

3400 West View Drive

P.O. Box 3335

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#C

City & State

City & State

Naples, Florida

Naples, Florida

Zip

Country

Zip

Country

34104

U.S.

34106

U.S.

REINSTATEMENT 99-01

4. Date Incorporated or Qualified
To Do Business in Florida

SP

5. FEI Number

Applied For

59-3534653

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Ronald Palmer

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

3400 West View Drive

Suite, Apt. #, Etc.

#C

City

Naples

600003533496

-01/11/01--01096--011

*****1050.00 ***1050.00**

600003533496

-01/11/01--01096--012

*******8.75 *****8.75**

State

FL

Zip Code

34104

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

Ronald Palmer

Date

12/29/00

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&D | Ronald Palmer | 3400 West View Drive, #C | Naples, Florida 34104 |
| V.P. | Carl Frederick Brewer | 3400 West View Drive, #C | Naples, Florida 34104 |
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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:

Ronald Palmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/29/00 9416435251

Daytime Phone #

CR2E081 (9/99)