

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 13 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000080630

1. Corporation Name

CANDU ART, INC.

2. Principal Office Address

124 SEABURY CIRCLE

Suite, Apt. #, etc.

City & State

PONTE VEDRA BCH, FL

Zip

32082

Country

US

3. Mailing Office Address

124 SEABURY CIRCLE

Suite, Apt. #, etc.

City & State

PONTE VEDRA BCH, FL

Zip

32082

Country

US

REINSTATE **01-06**
012E081 (12/05)

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

09/17/1998

5. FEI Number

59-3533787

Applied For

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

BLAKE J. ANGERS

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

124 SEABURY CIRCLE

Suite, Apt. #, Etc.

City

PONTE VEDRA BEACH

State
FL

Zip Code

32082

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

Blake J. Angers
REGISTERED AGENT MUST SIGN

Date

4/8/2006

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
D/P	BLAKE J. ANGERS	124 SEABURY CIRCLE	PONTE VEDRA BEACH, FL 32082
V	RACHEL L. ANGERS	124 SEABURY CIRCLE	PONTE VEDRA BEACH, FL 32082

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04/24/06--01053--003 **1500.00

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 contained in Chapter 119, 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:

Blake J. Angers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BLAKE J. ANGERS, PRESIDENT

Date

(904) 855-1140

Daytime Phone #

B. Mitchell APR 14 2006