## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 JAN 23 AM II:	14) Z 31
DOCUMENT # P99	000003133.	SECA STAT TALLAHAS LE, FLORI	TE DA
2. Principal Office Address  3. Mailing Office Address  (1) 2 8 1/11 6 5		AEMSTATEME REMS MIEME	NT 05-06
1629 1006 51 Suite, Apt. #, etc.	Suite, Apt. #, etc.	CR2E081 (12/0:	5)
City & State) - A -	City & State Wigni, FC.	To Do Business in Florida  5. FEI Number	Applied For
Zip   Country   33/25	Zip Country		Not Applicable  Not Applicable  75 Additional Fee requirector a Certificate of Status
7. Name and Address of Current Registered Agent			
Name Diaz,	Kene.		
Street Address (P.O. Box Number is No.	ot Acceptable) (1) 65T	600065565	616
Suite, Apt. #, Etc.		02/10/0601019009	3 **30 <b>□.</b> 00
City Nian		State Zip Code FL 33/3	25.
8. I, being appointed the registered/agent of the abo	ve named corporation, am familiar with and accept the o	obligations of section 607.0505 or 617.0503, F.S.	<b>3.</b>
Signature of Registered Agent Date			
9. Names and Street Addresses of Each Officer and	Vor Director (Florida nonprofit corporations must list at k	east 3 directors)	
Titles Name of Officers and/of Directors	Street Address of Eac Officer and or Directo		ite / Zip
P Diaz Ken	e 1628 NW 6	5T 33125 Hiami, 7	l.33125.
,	/ /	/ '	
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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 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:			
SIGNATURE AND THE OF PR	INTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Da	ytime Phone #

292

January 13, 2006

DIVISION OF CORPORATIONS REINSTAINMENT DEPARTMENT P.O. BOX 6327 Tallahassee, FL. 32314

Ref: CANDY HOUSE DAY SHOOL, INC. FEIN 65-0887645

Dear sirs:

CANDY HOUSE DAY SHOOL, INC., already sent you its Annual Report on April 08 with a check payable to you for \$150.00 that was never cashed. Concerned about this, I called you on MAY 25 asking about the Renewal of the Corporation and I was told by someone on your office to be patient and wait because your offices were processing enormous amounts of documents.

Today, I received a notice of intent to dissolve my corporation I called again and I have been requested to send you a letter explaining this issue and a check for \$150.00.

Please I am requesting to waive the penalties and reinstate My Corporation

Thank you very much for your attention to this matter:

Sincerely,

CANDY HOUSE DAY SHOOL, INC.