

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000024036

1. Corporation Name

CANDELO CORPORATION

Principal Place of Business

7657 PINES BLVD.
PEMBROKE PINES FL 33024

Mailing Address

7657 PINES BLVD.
PEMBROKE PINES FL 33024

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/16/1999

5. FEI Number

65-0903873

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	VALLE GERMAN, ANGEL LUIS	7657 PINES BLVD.	PEMBROKE PINES FL 33024

REINSTATEMENT 03

700023961107
10/21/03--01022--006 **158.75

TS

8. Name and Address of Current Registered Agent

BENITEZ, LEO ESQ.
122 MINORCA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name Edmee' E. DELGADO
Street Address (P.O. Box Number is Not Acceptable)
3928 E. LAKE Terrace
Suite, Apt. #, Etc.
City MIRAMAR State FL Zip Code 33023

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/15/03

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/03 954-986-9867

CR2040 (7/03)

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To Whom This May Concern,

I angel Valle, officer of Candel Corporation
of 7651 Pine Blvd. Pembroke Pines, FL 33024.
Daytime # 954-986-9867. is advising you that the
uniform Business Report form, or any other forms or
letters were never received by you for a renewal
filing status. what was received was this
enclosed reinstatement form advising me of
the disbandment of my Corporation. I am enclosing
this letter along with the \$4.50⁰⁰ filing fee as per
your agent via telephone conversation on 10/15/03
and a additional fee of \$8.75 for a Certificate of Status.
This application for Reinstatement was the first form
I have received and was in October, 2003.
Please accept my filing Status, to be Reinstated
form as I believe this has been an
error not my fault.

Thank You in
Advance

Oralle