PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2009 DEC 14 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (10/09)

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1. Limited Liability Company's Name

Cherokee Tobacco Company, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1201 Industrial Park Road	PO Box 279
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: South Boston, VA	City & State: South Boston, VA
Zip: 24592 Country: US	Zip: 24592 Country:

4. State/Country of Formation: Virginia

5. Date Organized or Qualified To Do Business in Florida: 11/02/04

6. FEI Number: 20-1509729 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hayes Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

☑ **A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not recieved and requesting the $100 reinstatement fee be waived.**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 11/6/09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
MGR	Charles F. Fuller	1916 Torrey Pines Place	Raleigh,NC 27615
MGR	Willie G Barker	1098 Riverside Drive	Danville, VA 24541

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AL 12-15-09

11. E-mail Address: cpulliam@chp-cpa.com

(To be used for future annual report notifications)

12. I certify that I am a managing member/manager or the receiver or trustee empowered to execute this application as provided in Chapter 608, F.S. I further cerify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Charles F. Fuller Date 11/6/09 Daytime Phone # 434-575-8881, EXT 205

Typed or printed name of signing Managing Member/Manager Charles F. Fuller, Member