


FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS

2007 NOV - 7 PM 12: 25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO3000056500

1. Corporation Name

NATIONAL TOBACCO, CORP.

REINSTATEMENT

04-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box # <u>2075 SW 122 AVE</u>		3. Mailing Office Address	
Suite, Apt. #, etc. <u># 318</u>		Suite, Apt. #, etc.	
City & State <u>MIAMI FL.</u>		City & State	
Zip <u>33175</u>	Country <u>MIAMI-DADE</u>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <u>5/22/2003</u>	Applied For
5. FEI Number <u>77-0703653</u>	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$375 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name: HUMBERTO RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)
2075 SW 122 AVE

Suite, Apt. #, Etc.
318

City
MIAMI

State
FL

Zip Code
33175

The 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 received and requesting the reinstatement fee be waived.

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 [Signature] Date 11/02/07

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
<u>PO/SE</u>	<u>HUMBERTO RODRIGUEZ</u>	<u>2075 SW 122 AVE #318</u>	<u>MIAMI FL 33175</u>

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11/20/07--01020--003 **600.00

10. I certify that I am an officer or director of 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] Date 11/02/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR