

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 OCT 30 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000068903

* Corporation Name

CARIBBEAN CIGAR COMPANY

Principal Place of Business

321 Troy Circle
Knoxville, TN 37950

Mailing Address

P.O. Box 50368
Knoxville, TN 37950

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

2. New Principal Office Address, If Applicable

Suite, Apt., etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt., etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/7/95

5. FEI Number

65-0613303

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 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)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P, CEO, D	J.D. Jenkins	321 Troy Circle	Knoxville, TN 37950
COO, D	Ron Jenkins	321 Troy Circle	Knoxville, TN 37950
CFO, S, D	Edward C. Williams	321 Troy Circle	Knoxville, TN 37950
D	Gabriel Ripoll, Jr.	321 Troy Circle	Knoxville, TN 37950
D	Daniel Daley	321 Troy Circle	Knoxville, TN 37950
D	Thomas Cristiano	321 Troy Circle	Knoxville, TN 37950
D	Curtis Zimmerman	321 Troy Circle	Knoxville, TN 37950

REINSTATEMENT

'98

SCC 10-30-98

8. Name and Address of Current Registered Agent

South Florida Registered Agents, Inc.
200 E. Las Olas Blvd., #1900
Ft. Lauderdale, FL 33301

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt., Etc.		
City	State	Zip Code
	FL	

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.

Signature of Registered Agent By: Beverly E. Bryan South Florida Registered Agents, Inc. (a Florida corporation)

Date 10/30/98

REGISTERED AGENT MUST SIGN
Beverly E. Bryan, President

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Beverly E. Bryan President

10-23-98

423-292-0006

SIGNATURE AND TYPE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Corporate Phone #

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ID: 5547587820

WANT TO PROTECT YOUR BUSINESS

OCT-30-98 15:06 FROM: ATLASPEAK1@earthlink.net TO: BORKSON

Florida Department of State

Division of Corporations

Public Access System

Sandra B. Mortham, Secretary of State

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Account Name : ATLAS, PEARLMAN, TROP & BORKSON, P.A.
Account Number : 076247002423
Phone : (954) 763-1200
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CORPORATION REINSTATEMENT

CARIBBEAN CIGAR COMPANY

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$750.00

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Friday, October 30, 1998

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