PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 26 PM 2:19

DOCUMENT # **P97000069478**

1. Corporation Name

ZALDIVA CIGARZ & NEWZ CORPORATION

Principal Place of Business	Mailing Address
2805 E. OAKLAND PARK BLVD. #376 FT. LAUDERDALE FL 33306	2805 E. OAKLAND PARK BLVD. #376 FT. LAUDERDALE FL 33306

REINSTATEMENT 01

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: 08/11/1997

5. FEI Number: 65-0773383 ☐ 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
PT	~~OLWEEAN, JEFF~~	~~3850 GALT OCEAN DRIVE~~	~~FT. LAUDERDALE FL 33308~~
S	~~LEIGH, NICOLE~~	~~215 N.E. 23RD STREET #W309~~	~~WILTON MANORS FL 33305~~
P	Robert Lees	110 Wood Lane ~~[illegible]~~	Delray Beach, FL 33444
ST	John Palmer jr.	3422 E. Randolph Rd.	Coolidge, AZ 85228
			900004677979--0 -11/14/01--01019--014 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

~~OLWEEAN, JEFF~~
3850 GALT OCEAN DR #706
FT LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name: Jeremy VAN Collier
Street Address (P.O. Box Number is Not Acceptable): 1709 NE 8th Ave.
Suite, Apt. #, Etc.:
City: Ft. Lauderdale, FL State: FL Zip Code: 33305

CR2E040 (8/01)

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: [signature] Date: 10-16-01
REGISTERED AGENT MUST SIGN

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: Robert B Lees 10/23/01 877-925-3482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #