

01/12/2007 FRI 16:28 FAX

JAN. 12. 2007 12:40 PM PROFCorporation Service Company ALB
REINSTATEMENT

002/005

FILED

NO: 0102 P. 9

2007 JAN -9 PM 4: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000073711

1. Entity Name
NET CIGAR.COM INC.



Principal Place of Business
7601 NW 68TH ST NO. 12B
MIAMI, FL 33166

Mailing Address
12010 SW 97TH STREET
MIAMI, FL 33186

2. Principal Place of Business - No P.O. Box #
15804 NW 57th Ave

2. Mailing Address
44 Union Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.
PO BOX 108

01122007 REIN-P CR2E098 (1/07)

City & State

Miami Lakes Fla.

City & State

Rutherford, NJ

4. FBI Number

22-3672719

Applied For

Not Applicable

Zip

33014

Country

USA

Zip

07070

Country

Bergen

6. Certificate of Status Desired

\$8.75 Additional
Fee Required

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2625

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Koan Y Mat

1-18-07

Signature, typed or printed name of registered agent and all filers.

Printed name of registered agent required when reinstated.

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD BARBELLA, STEPHEN Delete
7601 NW 68TH STREET SUITE 12B
MIAMI, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition
15804 NW 57th Ave
Miami Lakes Fla 33014

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition
Secretary and Treasurer
15804 NW 57th Ave
Miami Lakes Fla 33014

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, when so other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-07

Date

Daytime Phone #

Page for

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850) 205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

CORPORATION REINSTATEMENT

NET CIGAR.COM INC.

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Corporate Filing Menu

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