

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F72384**

1. Corporation Name

TOBACCO ROAD, INC.

Principal Place of Business

626 S. MIAMI AVENUE
MIAMI FL 33130

Mailing Address

626 S. MIAMI AVENUE
MIAMI FL 33130

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

03/31/1982

5. FEI Number

59-2201526

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PS	GLEBER, PATRICK	1717 N. BAYSHORE DR #1134	MIAMI FL
VP	DALY, MICHAEL	3199 VIRGINIA STREET	COCONUT GROVE FL
S	PORTELA, JOSE	2080 NW 13ST	MIAMI FL

PLEASE
REMOVE
No longer
with
Corporation!

8. Name and Address of Current Registered Agent

FALLON, KIERON P ATTY
80 SW 8TH ST SUITE 2804
MIAMI FL 33130

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

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/8/03

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-8-03

Date

305-374-1198

Daytime Phone #

CH2E040 (7/03)

October 8, 2003

To Whom It May Concern:

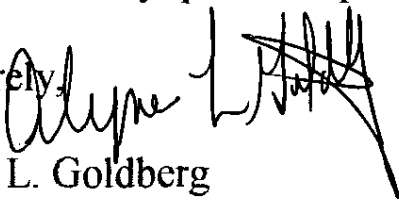
This letter is to inform you that we never received our report from this year. If you look back at previous years we always file and on time.

Our document number is F72384....I am enclosing our application and our \$150.00 filing fee...

Thank you for your help in this manner..

If you have any questions please call me at 305.374.1198

Sincerely,

A handwritten signature in black ink, appearing to read 'Alyse L. Goldberg', with a stylized flourish at the end.

Alyse L. Goldberg
Tobacco Road Inc
Manager