

**2021 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N12000006764

**Entity Name:** OPERATION: CIGARS FOR WARRIORS, INC.**Current Principal Place of Business:**8585 SW HIGHWAY 200  
UNIT 16  
OCALA, FL 34481**Current Mailing Address:**8585 SW HIGHWAY 200  
UNIT 16  
OCALA, FL 34481 US**FEI Number:** 80-0819684**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALLAN, ROBERT DIRECTOR  
8585 SW HIGHWAY 200  
UNIT 16  
OCALA, FL 34481 US*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.***SIGNATURE:** ROBERT ALLAN

02/16/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D/C  
Name BOEN, J. T. STORM  
Address 4805 55TH ST.  
City-State-Zip: LUBBOCK TX 79414

Title D/S  
Name DIBENEDDETTO, ALAINE  
Address 5336 HOUSTON DR  
City-State-Zip: BATON ROUGE LA 70809

Title COO  
Name ALLAN, ROBERT  
Address 8585 SW HIGHWAY 200  
UNIT 16  
City-State-Zip: OCALA FL 34481

Title DIRECTOR  
Name FORD, MELISSA  
Address 471 HERITAGE LN  
City-State-Zip: JOHNSTOWN CO 80534

Title CFO  
Name DELORENZO, MICHAEL  
Address 8585 SW HIGHWAY 200  
UNIT 16  
City-State-Zip: OCALA FL 34481

Title DIRECTOR  
Name WITCHER, RJ  
Address 8585 SW HIGHWAY 200  
UNIT 16  
City-State-Zip: OCALA FL 34481

Title DIRECTOR  
Name NATHAN, DEILY  
Address 8585 SW HIGHWAY 200  
UNIT 16  
City-State-Zip: OCALA FL 34481

Title DIRECTOR  
Name FORD, KRIS  
Address 8585 SW HIGHWAY 200  
UNIT 16  
City-State-Zip: OCALA FL 34481

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL DELORENZO

CFO

02/16/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	HINMAN, PAUL
Address	8585 SW HIGHWAY 200 UNIT 16
City-State-Zip:	Ocala FL 34481