


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> 246709			
<b>1. Corporation Name</b> CAMACHO CIGARS, INC.			
<b>2. Principal Office Address</b> 4650 NW 74 AVE.  Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 4650 NW 74 AVE.  Suite, Apt. #, etc.	
<b>City &amp; State</b> MIAMI, FL		<b>City &amp; State</b> MIAMI, FL	
<b>Zip</b> 33166	<b>Country</b>	<b>Zip</b> 33166	<b>Country</b>
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 04-20-1961		<b>5. FEI Number</b> 59-0932578	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b> CARIDAD CABRERA			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 5820 SW 42 TERRACE			
<b>Suite, Apt. #, Etc.</b>			
<b>City</b> MIAMI		<b>State</b> FL	<b>Zip Code</b> 33155
<b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.</b>			
<b>Signature of Registered Agent</b> <u>Caridad Cabrera</u>		<b>Date</b> _____	
<b>REGISTERED AGENT MUST SIGN</b>			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
P/D	CHRISTIAN EIROA	4650 NW 74 AVE.	MIAMI, FL 33166
V/D	ENA K. EIROA	4650 NW 74 AVE.	MIAMI, FL 33166
S	CARIDAD CABRERA	5820 SW 42 TERRACE	MIAMI, FL 33155
<b>10. 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.</b>			
<b>SIGNATURE:</b> <u>Caridad Cabrera</u>		<b>Date</b> _____	
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		<b>Daytime Phone #</b> _____	

05 JUN -2 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED 94-05

CR2E081 (01/05)

**TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314**

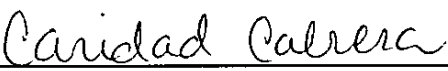
**TO WHOM IT MAY CONCERN:**

**AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.**

**I NEVER RECEIVED THE ANNUAL REPORT NOTICE SINCE THE YEAR OF 1994 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.**

**THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.**

**CORDIALLY,**

  
**CARIDAD CABRERA  
PRESIDENT**