

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 15 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 676554

1. Corporation Name

CARIBE IMPORTED CIGARS, INC.

2. Principal Office Address

4650 NW 74 AVENUE

3. Mailing Office Address

4650 NW 74 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33166

Country

U.S.

Zip

33166

Country

U.S.

**REINSTATEMENT** 03

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-2009985

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

EIROA, CHRISTIAN

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

4650 NW 74 AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

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.

Signature of  
Registered Agent

*Christian Eiroa*  
REGISTERED AGENT MUST SIGN

Date

10/14/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
S	CABRERA, CARIDAD	4650 NW 74 AVENUE	MIAMI, FLORIDA 33166
VP	EIROA, ENA	4650 NW 74 AVENUE	MIAMI, FLORIDA 33166
P	EIROA, CHRISTIAN	4650 NW 74 AVENUE	MIAMI, FLORIDA 33166

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.

SIGNATURE:

*Christian Eiroa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/03

Daytime Phone #

(305) 592-0722

CR2E081 (1/0/02)

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