CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Jim Smith Scretery of State DWIGHON CORPORATIONS FLLED DOCUMENT # 1. CORPORTION TO DIAN FOO 0000005 //2 FLORIDA CORPORATIONS D2 OCT 29 PH 3: 49 SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # 1. CORPORTION TO DIAN FOO 0000005 //2 FLORIDA CORPORATIONS D2 OCT 29 PH 3: 49 SECRETARY OF STATE TALLAHASSEE, FLORIDA 2. Mining Officer Address S. Mailing Officer Address S. Mailing Officer Address D2 OCT 29 PH 3: 49 SECRETARY OF STATE TALLAHASSEE, FLORIDA 2. Mining Officer Address S. Mailing Officer Address S. Mailing Officer Address D2 OCT 29 PH 3: 49 SECRETARY OF STATE TALLAHASSEE, FLORIDA 2. Mining Officer Address S. Mailing Officer Address S. Mailing Officer Address D2 OCT 29 PH 3: 49 SECRETARY OF STATE TALLAHASSEE, FLORIDA 3. Mailing Officer Address S. Mailing Officer Address S. Mailing Officer Address D2 OCT 29 PH 3: 49 SECRETARY OF STATE SUBMERCONCERCONSTRUCTION 3. Mining Officer Address S. Mailing Officer Address S. DIT F TO D0 Bases TF D0 OCT 4017 3. MILLON DIT F Country S. DIT F TO D0 Bases TF D0 OCT 4017 3. MILLON DIT F Country S. DIT F S. DIT F 3. MILLON DIT F Country S. DIT F S. DIT F		PLEA	SE READ	ALL INST	RUCTIONS BEI	FORE C	OMPLET	TING THIS FORM.		
DOCUMENT # F00 000005 // TALLAHASSEE, FLORIDA I. Corporation Name IN DIAN TABAC CIGAR CO. EINSTATEMENT 01-000 2. Principal Office Address 3. Maling Office Address 3. Maling Office Address 1440 RATL HEAD RLVD 3. Maling Office Address 10/23/02-01074-017 1440 RATL HEAD RLVD State Apt 4, etc. South Apt 4, etc. South Apt 4, etc. South Apt 4, etc. South Apt 4, etc. South Apt 4, etc. South Apt 4, etc. South Apt 4, etc. South Apt 4, etc. South Apt 4, etc. South Apt 4, etc. Ony & State South Apt 4, etc. NAPU ES FL NAP LES 7. Name and Address of Current Registeriod Apart South Apt 4, etc. 324110 USA Country 7. Name and Address of Current Registeriod Apart South Apple ES State Address of Current Registeriod Apart South Apple ES State Address of Country South Apple ES 7. Name and Address of Current Registeriod Apart South Apple ES State Address of Each Office and or Director (Finda nonprofil corporation and ecologitations of section 007.00005 or 017.0000, F.S. Signature of Regent Mino A		RPORATION		FLORIDA I S	DEPARTMENT OF Jim Smith ecretary of State	STATE	1	FILED 02 OCT 29 PH 3: 49		
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SUITE 7 SUITE 7 4. Date incorporated or Qualified To Do Business in Roids (1) [1] [4] [4] City & State City & State State 5. FEI Number Store (1) [1] [4] [4] Zip Country Zip Country (1) [2] [4] [4] (1) [4] [4] [4] Zip Country Zip Country (1) [2] [4] [4] (1) [4] [4] [4] (1) [4] [4] [4] Zip Country Zip Country (1) [2] [4] [4] (1) [4] [4] [4] (1) [4] [4] [4] Zip Country Zip Country (1) [2] [4] [4] (1) [4] [4] [4] (1) [4] [4] [4] Zip Country Zip Country (1) [2] [4] [4] (1) [4] [4] [4] (1) [4] [4] [4] Zip Country Zip Country (1) [2] [4] [4] (2) [6] [4] [4] (2) [6] [6] [6] [6] [6] [6] [6] [6] [6] [6]	1440	RATL HE	ID BLVD	1440 R	AIL HEAD	BLVD	Э 10/2	00008667613 9/0201074017 **900	. 00	
The Information MAP LES SL IGUID STA Nor Application The Information USA Country State	SUI City & State	TE 7		SUJ City & State	<u>Te7</u>		To Do Bus	iness in Florida 01 11999		
Reme and Address of Current Registered Agent Name and Address of Current Registered Agent Name - NIRISAI DESAT Streel Address (P.O. Box Number is Not Acceptable) NILESAT Streel Address (P.O. Box Number is Not Acceptable) Streel Address (P.O. Box Number is Not Acceptable) Streel Address (P.O. Box Number is Not Acceptable) State Registered Agent Date Date Registered Agent Date Date State Addresse of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Tities <td cols<="" td=""><td>Zip</td><td colspan="3">Country Zip</td><td colspan="3">LLS I L 56 - 190</td><td>1948219 Not</td><td>Applicable</td></td>	<td>Zip</td> <td colspan="3">Country Zip</td> <td colspan="3">LLS I L 56 - 190</td> <td>1948219 Not</td> <td>Applicable</td>	Zip	Country Zip			LLS I L 56 - 190			1948219 Not	Applicable
Name NIMISADESAT Street Address (P.O. Box Number is Not Acceptable) 11228 UDELLESLEY Suile, Apt. #, Etc. 2 City NAPLES FL 8. 1, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of section 607.0503, F.S. Signature of Registered Agent Registered Agent Names and Street Addresses of Each Officer and/or Director (Florida nonprofil corporations must list at least 3 directors) Titles Officers and/or Directors Officers and/or Directors Officer and/or Director Officers and/or Directors Officer and/or Director NR RAKESH PATEEL HDS' Arrichle De NR K.C. STOCK NR Stock_STOCK Niks SUE SUE Davy of the construction of the constructin of the construction of the construction of the constr					me and Address of Curre	nt Registerer		for a Certificate	of Status	
TitlesName of Officers and/or DirectorsStreet Address of Each Officer and/or DirectorCity / State / ZipNRRAKESHPATELHOS AFIELLOPNAPLES FL 34109NRK.C. STOCK1703 LOST Dauphin RdDePere WI 54115MissSUEPANKRATZ2560 OLD PLANK RDDePere WI 54115	Signature o	Suite, Apt. #, Etc. City appointed the registere appointed the registere	LES Fl d agent of the above might b	B named corpora	tion, am familiar with and a	accept the obli	gations of secti	FL 24116	CR2E081 (9/01)	
TillesName of Officers and/or DirectorsStreet Address of Each Officer and/or DirectorCity / State / ZipNRRAKESHPATELHOS AFICILC DRNAPLES FL 34109NRK.C. STOCK1703 LOST Dauphin RdDePere WI 54115MissSUEPANKRATZ2560 OLD PLANK RDDePere WI 54115	9. Names	and Street Addresses o	of Each Officer and/	or Director (Florid	la nonprofit corporations m	rust list at leas	t 3 directors)	· · · · · · · · · · · · · · · · · · ·		
HR RAKEST LATEL HOS AFIELLE DR NAPLES FL 34109 HR K.C. STOCK 1703 LOST Dauphin Rd DePere WI 54115 Miks SUE PANKRATZ 2560 OLD PLANK RD DePere WI 54115	Titles	Officers	Name of and/or Directors					City / State / Zip		
MR K.C. STOCK - 1703 LOST Dauphin Rd DePere WI 54115 Miks SUE PANKRATZ 2560 OLD PLANK RD DePere WI 54115	HR.	RAKESH PATER			HOS Arielle DR		NAPLES FL 3410	<u>q</u>		
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1Ce 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: Minsch V Desch	owed b on this	by the corporation have b application is true and a	een paid and the na	mes of individual	te lieted on this form do not	ne sausnes m	e requirements	of section 607.0401 or 617.0401, F.S., that all er section 119.07(3)(i), F.S. The information inc	filing fees Jicated	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			AND TYPED OR PRIN	TED NAME OF SK	NING OFFICER OR DIRECTO	X		Date Daytime Phone #	<u>1</u> 15	