

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F00000007015

1. Entity Name
PHILIP MORRIS LATIN AMERICA SALES CORP.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC -1 AM 9:55

Principal Place of Business
120 PARK AVE
NEW YORK, NY 10017

Mailing Address
120 PARK AVE
NEW YORK, NY 10017

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

11142008 REIN-P CR2E098 (1/07)

4. FEI Number
58-1760647

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME ZIELINSKI, MIROSLAW ☐ Delete
STREET ADDRESS 120 PARK AVE
CITY-ST-ZIP NEW YORK, NY 10017

TITLE S
NAME LINDON, TIMOTHY J ☐ Delete
STREET ADDRESS 120 PARK AVE
CITY-ST-ZIP NEW YORK, NY 10017

TITLE VT
NAME MURPHY, VINCENT P ☐ Delete
STREET ADDRESS 120 PARK AVE
CITY-ST-ZIP NEW YORK, NY 10017

TITLE AS
NAME MENEZES, LUISA ☐ Delete
STREET ADDRESS 120 PARK AVE
CITY-ST-ZIP NEW YORK, NY 10017

TITLE D ☒ Delete
NAME MAHAN, MICHAEL J
STREET ADDRESS 120 PARK AVE
CITY-ST-ZIP NEW YORK, NY 10017

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D KUZALI, ANDREAS
STREET ADDRESS 120 PARK AVE
CITY-ST-ZIP NY, NY 10017

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Misak...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV 14, 2008 917-663-3351
Date Daytime Phone #