

**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
GENERAL CIGAR SALES CO., INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,650.00

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Corporate Filing Menu

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

12 APR -5 PM 2:01

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F04000003908

1. Corporation Name

General Cigar Sales Co., Inc.

REINSTATEMENT 06-12

2. Principal Office Address - No P.O. Box #

10900 Nuckols Road

3. Mailing Office Address

10900 Nuckols Road

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Glen Allen, VA

City & State

Glen Allen, VA

Zip

23060

Country

United States

Zip

23060

Country

United States

CR22001 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 7/9/2004

5. FEI Number

22-3693957

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SD 75 (see instructions on page 1 of this Certificate of Status)

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0206 or 617.0803, F.S.

Signature of
Registered Agent

[Signature]

JOHN A. BLO

Vice President

and Assistant Secretary

REGISTERED AGENT MUST SIGN

Date

4/5/12

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

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Daniel Carr	10900 Nuckols Road, Suite 100	Glen Allen, VA 23060
D	Sisse Fjelsted Rasmussen	10900 Nuckols Road, Suite 100	Glen Allen, VA 23060
S/D	Daniel P. McGee	10900 Nuckols Road, Suite 100	Glen Allen, VA 23060
T/V	Michael Dercksen	10900 Nuckols Road, Suite 100	Glen Allen, VA 23060
Asst. T	Elliot B. Sledz	10900 Nuckols Road, Suite 100	Glen Allen, VA 23060

10. E-mail Address: tracy.jellerson@st-group.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or sole 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., and that all taxes owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 6.017.155, F.S.

SIGNATURE:

[Signature]

Daniel P. McGee

4/5/12

804-935-2827

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #