

F9500004503
TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: DAVIDOFF OF GENEVA (CT), INC.
(Name of corporation - must include suffix)

800001578848
-09/06/95--01082--017
*****70.00 *****70.00

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

095-17252

BEN SERVIDIO
(Name of Person)
DAVIDOFF OF GENEVA (CT), INC.
(Firm/Company)
550 WEST AVE.
(Address)
STAMFORD, CT 06902
(City/State/Zip)

95 SEP 18 AM 10:10
FBI
mtm

Should you need to call someone concerning this matter, please call:

BEN SERVIDIO
(Name of Person) at (203) 323-5811 X313
(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Davidoff

DAVIDOFF OF GENEVA (CT) INC. 550 WEST AVENUE STAMFORD, CT 06902

September 13, 1995

Mr. Michael Mays
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
95 SEP 18 AM 10:42
TALLAHASSEE, FLORIDA

Dear Mr. Mays:

Confirming our telecon of today, September 13, 1995, following is the sworn affidavit as required:

As we discussed, subject application was submitted as advised by the Cigarette Tax Section.

Although Davidoff of Geneva is not required to register, pursuant to Florida Statutes 607.1501, subsection (2), (e), (f), and (l), please continue to process our application for purposes of obtaining a Cigarette Tax Stamping License.

Thank you for your cooperation and guidance regarding this matter.

Sworn to and Subscribed before me

this 13 day of September, 1995

Jane M. Wallace

My Commission Exp. Mar. 31, 2000

Sincerely,

Ben Servidio
Ben Servidio
Tax Department



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 7, 1995

BEN SERVIDIO
% DAVIDOFF OF GENEVA (CT.), INC.
550 WEST AVE.
STAMFORD, CT 06902

SUBJECT: DAVIDOFF OF GENEVA (CT.), INC.
Ref. Number: W95000017958

We have received your document for DAVIDOFF OF GENEVA (CT.), INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$1200.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business or conducting affairs in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business or conducting its affairs in Florida prior to the year the application was submitted did not constitute transacting business or conducting affairs pursuant to section 607.1501 or 617.1501, Florida Statutes.

If you have any questions concerning the filing of your document, please call (904) 487-6097.

Michael Mays
Document Specialist

Letter Number: 995A00041305

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:**

1. DAVIDOFF OF GENEVA (CT.), INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. CONNECTICUT
(State or country under the law of which it is incorporated)

3. 06-1257625
(FEI number, if applicable)

4. JANUARY 9, 1989
(Date of Incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")

6. APPROX. 6/94
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 550 WEST AVE.
STAMFORD, CT 06902
(Current mailing address)

8. WHOLESALE DISTRIBUTION OF CIGARETTES AND TOBACCO PRODUCTS
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: JOSEPH SERVIDIO

Office Address: 8635 TRIONFO AVE

NORTHENT, Florida, 34257
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Joseph Servidio
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: CHRISTOPH KULL

Address: 9 NORMANDY LANE
RIVERSIDE, CT 06878

Vice President: _____

Address: _____

Secretary: ROBERT EDMONDS

Address: 33 PINECLIFF RD.
CHAPPAQUA, NY 10514

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Christoph Kull
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

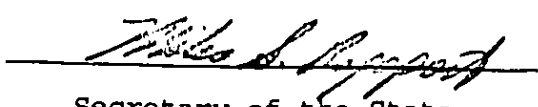
14. CHRISTOPH KULL, PRESIDENT
(Typed or printed name and capacity of person signing application)

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State,
and keeper of the seal thereof, DO HEREBY CERTIFY, that

DAVIDOFF OF GENEVA (CT.), INC.

incorporated under the laws of Connecticut is in existence and in
good standing.


Secretary of the State

Date Issued: August 16, 1995

95 SEP 18 AM 10:43

FILED

TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 OCT -2 PM 12:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F95000004503

1. Corporation Name

DAVIDOFF OF GENEVA (CT.), INC.

Principal Place of Business

590 WEST AVE.
STAMFORD CT 06902

Mailing Address

590 WEST AVE.
STAMFORD CT 06902

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/1995

5. FEI Number

08-1257625

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s)

Name of Officers
and/or Directors

3. Street Address of Each
Officer and/or Director
(Do NOT Use Post Office Box Numbers)

City / State / Zip

1.

P

KULL, CHRISTOPHER

9 NORMANDY LANE

RIVERSIDE CT

2.

S

EDMONDS, ROBERT

33 PINECLIFF RD.

CHAPPAQUA NY

600001976326--1
-10/16/96--01028--018
***375.00 ***375.00

8. Name and Address of Current Registered Agent

SERVADIO, JOSEPH
8835 TRIONFO AVE.
NORTHPORT FL 34287

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

JOSEPH SERVADIO
REGISTERED AGENT MUST SIGN

Date

(See other side for information
on intangible tax.)

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

12. 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)(f), 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:

CHRISTOPH KULL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/30/96

203-323-5811
Daytime Phone #

607709 AF