

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

05 JUL 12 AM 10: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H-53172

1. Corporation Name  
JAKE'S TOBACCO COMPANY

2. Principal Office Address  
6401 SHERIDAN STREET

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
HOLLYWOOD, FL

City & State

Zip Country  
33021 USA

Zip Country

**REINSTATEMENT** 98-05

4. Date Incorporated or Qualified  
To Do Business in Florida 04/18/1985

5. FEI Number 560375955  
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  
ERIC DORSKY, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
7320 GRIFFIN ROAD

Suite, Apt. #, Etc.  
220

City  
DAVIE

State Zip Code  
FL 33314

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 *Eric Dorsky*  
REGISTERED AGENT MUST SIGN

Date 6/24/05

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
D/P	JACOB OSCEOLA	6401 SHERIDAN STREET	HOLLYWOOD, FL 33024
VP	JACOB OSCEOLA, JR.	6401 SHERIDAN STREET	HOLLYWOOD, FL 33024
T	RAYMOND GARZA	6401 SHERIDAN STREET	HOLLYWOOD, FL 33024
S	PATRICIA RAINWATER	6401 SHERIDAN STREET	HOLLYWOOD, FL 33024
			300057345923 07/12/05--01036--011 **1800.00

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: *Jacob Osceola Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/26/05 Cell 786-205-0006  
Daytime Phone #