


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 MAY 15 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L06000074414

1. Limited Liability Company's Name

The Modern Cigar Company, LLC

2. Principal Office Address - No P.O. Box # 3926 Yellow Finch Lane Suite, Apt. #, etc.		3. Mailing Office Address 3959 Van Dyke Rd Suite, Apt. # etc. #279	
City & State Lutz, Florida		City & State Lutz, Florida	
Zip 33558	Country Hillsborough	Zip 33558	Country Hillsborough

4. State/Country of Formation
Florida5. Date Organized or Qualified
To Do Business in Florida 07 / 26 / 20066. FEI Number
20-5313897☐ Applied For
☐ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent	
Name Lawrence J Press CPA	
Street Address (P.O. Box Number is Not Acceptable) 2285 Norwegian Drive	
Suite, Apt. #, Etc. Suite 11	
City Clearwater	State FL Zip Code 33763

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent (Same)

Date 3 / 30 / 2009

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Gregory T Safko	5227 Creekmore Lane	Tampa, FL 33624
MGRM	Michael Safko	3926 Yellow Finch Lane	Lutz, FL 33558
REINSTATEMENT-07-08-09			

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when
filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that
all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date 3 / 30 / 2009

Daytime Phone # 813-728-8439

Typed or printed name of signing Managing Member/Manager Gregory T Safko

C.S.