

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L09000111386**

1. Limited Liability Company's Name

**THE CIGAR REPUBLIC LLC**

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

3153 Byington Terrace

Suite, Apt. #, etc.

City & State

Deltona, Florida

Zip

32738

Country

3. Mailing Office Address

3153 Byington Terrace

Suite, Apt. #, etc.

City & State

Deltona, Florida

Zip

32738

Country

8. Name and Address of Current Registered Agent

Name

**SPIEGEL & UTRERA, P.A.**

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

1840 Southwest 22nd Street

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

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.

**SPIEGEL & UTRERA, P.A.**

Signature of

Registered Agent By: *Natalia Utrera*

Natalia Utrera, Vice President

REGISTERED AGENT MUST SIGN

Date 12-28-10

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	Joel Vazquez	3153 Byington Terrace	Deltona, Florida 32738
S	Debora k. Harris	3153 Byington Terrace	Deltona, Florida 32738

**REINSTATEMENT**

2010

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 /s/ JOEL VAZQUEZ

Date

Daytime Phone # (727) 388-1410

Typed or printed name of signing Managing Member/Manager Joel Vazquez

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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*BK*

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CR2E041 (12/07)

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

11/19/2009

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

☐ 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.