PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

17 DEC 27 PM 2:00

300307154673
12/28/17--01008--009 **238.75

DOCUMENT # L160000069635

1. Limited Liability Company's Name

GODFATHER'S CIGAR LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7852 NW 178TH STREET	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH, FL	City & State
Zip: 33015 / Country	Zip / Country

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business In Florida: 04/07/2016

6. FEI Number: 81-2136644 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name: IDA C. OVIES

Street Address (P.O. Box Number is Not Acceptable) Suite: 3785 NW 82ND AVENUE

Apt. #, Etc: STE 302

City: DORAL | State: FL | Zip Code: 33166

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent ✗ _____ Date _____

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	LARRY BARRIOS	7852 NW 178TH STREET	HIALEAH, FL 33015
MGR	JUAN C BARRIOS	7852 NW 178TH STREET	HIALEAH, FL 33015

Mail Address: _____
(To be used for future annual report notifications)

I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0112, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member ✗ _____ Date 12/06/17 Daytime Phone # _____

Printed name of signing authorized representative/member _____

TLM 12/28/17

1000 Ponce de Leon Blvd. Suite: 105
Coral Gables, FL 33134
Phone: 305-444-4994
Email: filing@ecfsfiling.com

2017 DEC 26 P 11:02

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Godfather's Cigar LLC L16000069635
(CORPORATE NAME) (DOCUMENT #)

2. _____
(CORPORATE NAME) (DOCUMENT #)

3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In ☑ Pick up time: _____ ☐ Certified Copy ☐ Certificate Of Status

	Profit
	Non-Profit
	Limited Liability
	Other:
X	Reinstatement

	Amendments
	Resignation
	Dissolution/Withdrawal
	Other:

	Annual Report
	Fictitious Name
	Apostille:
	Other:

Examiners Initials	