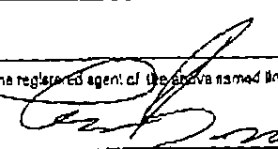
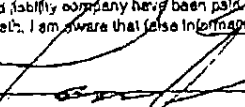
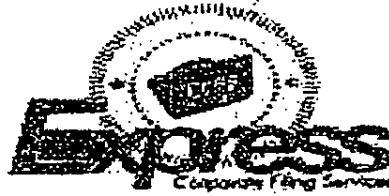


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		17 DEC 27 PM 3:00	
DOCUMENT # L160000069635 1. Limited Liability Company's Name GODFATHER'S CIGAR LLC					
2. Principal Office Address - No P.O. Box # 7852 NW 178TH STREET		3. Mailing Office Address SAME		CR2641 (1/14) 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	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State HIALEAH, FL		City & State 			
Zip 33015	Country 	Zip 	Country 		
5. 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/Manager	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/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 12, 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 has 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 provided for in c. 817.155, F.S.					
I, authorized representative/member  Date 12/06/17 Designated Phone # _____ Printed name of signing authorized representative/member _____					

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 12/28/17--01008--009 **298.75

 TUM
 12/28/17



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

277 DEC 26 11:02

Office Use Only

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

1. Godfather's Cigar LLC U60000069635
(CORPORATE NAME) (DOCUMENT #)

2. _____
(CORPORATE NAME) (DOCUMENT #)

3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

☒ Pick up time: _____

☐ Certified Copy

☐ Certificate Of Status

Filing Type	
☐	Profit
☐	Non-Profit
☐	Limited Liability
☐	Other:
☒	Reinstatement

Document Type	
☐	Amendments
☐	Resignation
☐	Dissolution/Withdrawal
☐	Other:

Filing Fee	
☐	Annual Report
☐	Fictitious Name
☐	Apostille:
☐	Other:

Examiners Initials