

1072

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 22 AM 8:00

DOCUMENT # L34483

1. Corporation Name

Dukes Tobacco Shop Inc.

2. Principal Office Address

4650 NW 74 Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33166

Country

3. Mailing Office Address

4650 NW 74 Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33166

Country

REINSTATEMENT

03-04
THIRDS

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/07/89

5. FEI Number

65-0163541

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

Eiroa A Ena K

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

4650 NW 74 Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33166

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

Eiroa A Ena K

Date

2/19/04

REGISTERED AGENT MUST SIGN

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
DP	Eiroa a, Ena K	4650 NW 74 Avenue	Miami, FL 33166

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:

Eiroa A Ena K

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/19/04

Daytime Phone #

3055920724

CR2E081 (10/02)

292

January 23, 2004

Florida Department of State
Division of Corporations
Ms. Ruby Dunlap
P.O. Box 6327
Tallahassee, Florida 32314

RE: DUKES TOBACCO SHOP, INC.
Document #134483
2003 Uniform Business Report (UBR)
2004 Uniform Business Report (UBR)

Dear Madam:

Enclosed find our Corporation Reinstatement Report and our check for ~~300.00~~ for the filing fees for the year 2004 and 2003.

Please be advised that due to the change of mailing address, we never received the 2003 Uniform Business Reports in the mail. On this date, our accountant notified us that the report had not been filed and needed to be filed immediately.

Our correct mailing address is: **4650 NW 74 Avenue**
Miami, Florida 33166

We apologize for any inconvenience and thank you for your cooperation in this matter.

Sincerely,



Ena Eiroa
President