

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # Mo4000000359

1. Limited Liability Company's Name

CHEAPY SMOKES WHOLESALE DISTRIBUTING, LLC

2. Principal Office Address - No P.O. Box #
236 AXMINISTER DR

Suite, Apt. #, etc.

City & State
FENTON MO

Zip
FENTON

Country
MO

3. Mailing Office Address
236 AXMINISTER DR

Suite, Apt. #, etc.

City & State
FENTON MO 63026

Zip

Country

4. State/Country of Formation
MISSOURI SAINT LOUIS COUNTY

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number
721559275

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
GARY PINSON

Street Address (P.O. Box Number is Not Acceptable)
6135 VISTA LINDA LANE

Suite, Apt. #, Etc.

City
BOCA RATON

State
FL

Zip Code
33433

☐ 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**

Gary Pinson

REGISTERED AGENT MUST SIGN

Date **8-30-07**

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
MGRM	GARY PINSON	236 AXMINISTER DR	FENTON MO 63026

100109294781
09/11/07--01018--006 **250.00

REINSTATEMENT 05-07

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**

Gary Pinson

Date **08-30-2007**

Daytime Phone # **314-239-8890**

Typed or printed name of signing Managing Member/Manager **GARY PINSON**