

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 AUG 11 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N08000003838**

1. Corporation Name

Holy Smokes Nicaragua, Inc.

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

409 El Destinado Dr

Suite, Apt. #, etc.

3. Mailing Office Address

409 El Destinado Dr

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32312

Country

USA

City & State

Tallahassee, FL

Zip

32312

Country

USA

REINSTATEMENT 09-10

CR25081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

4-21-08

5. FEI Number

74-3257640

☐ 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

Thomas A. Klein

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

409 El Destinado Drive

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

700210961057
08/11/11--01002--005 **402.50

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

TA Klein

Date

8/11/11

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
P/S	Thomas A. Klein	409 El Destinado Drive	Tallahassee, FL 32312
VP/T	Elizabeth A. Klein	409 El Destinado Drive	Tallahassee, FL 32312
D	Joy V. Klein	409 El Destinado Drive	Tallahassee, FL 32312
D	Colleen E. Klein	3669 South Fort Avenue	Springfield, MO 65807
D	Joshua T. Klein	5321 Cantien Drive	Pensacola, FL 32507

10. E-mail Address:

tom@entemail.org

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, 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:

Thomas A. Klein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/11/11 (892) 524-7565

Daytime Phone #