

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -7 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000004318

1. Corporation Name

CIGARETTE OUTLET INC

2. Principal Office Address

3501 E 3RD ST

Suite, Apt. #, etc.

City & State

PANAMA CITY FLA

Zip Country

32401

3. Mailing Office Address

3501 E 3RD ST

Suite, Apt. #, etc.

City & State

PANAMA CITY FLA

Zip Country

32401

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3620831

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

STEWART IRWIN HOLMES

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

215 CENTRAL AVE

Suite, Apt. #, Etc.

City

PANAMA CITY

FL

State

FL

Zip Code

32401

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

Stewart Holmes

REGISTERED AGENT MUST SIGN

Date OCT. 30 2002

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 | STEWART HOLMES | 215 CENTRAL AVE | PANAMA CITY FL 32401 |
| | | | |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-02

Date

(850) 872-9227

Daytime Phone #

CR2E081 (9/01)