P00000006 238

(Re	equestor's Name)
(Ad	ldress)
(Ad	dress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Document Number)	
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	4401

Office Use Only



800331977348

07/22/19--01034--002 **35.00

2019 (1.02 Fill 2: 30

Byr. Of Diss

JUL 27 2019 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

Sobe Cigar Cor	poration
DOCUMENT NUMBER: P00000016238	
The enclosed Articles of Revocation of Dissolu	ution and fee are submitted for filing.
Please return all correspondence concerning thi	is matter to the following:
Kirenia Chiu	
Nane o	of Contact Person
Sobe Cigars Corporation	
Fin	m/Company
8505 SW 110 Street	
	Address
Miami, FL 33156	
City/Sta	ate and Zip Code
kireniacigars@aol.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter,	, please call:
Kircnia Chiu	786 473-8095 At ()
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST:	The name of the corporation is: Sobe Cigars Corporation	
SECOND:	The document number of the corporation (if known) is P00000016238	
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution	
	filed with the Florida Department of State is Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat not be listed as the document's effective date on the Department of State's records.	te will
FOURTH:	The Revocation of Dissolution was authorized on	
FIFTH:	Adoption of Revocation of Dissolution (check one)	
	 The board of directors revoked the dissolution. The incorporators revoked the dissolution. The board of directors revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization. The shareholders revoked the dissolution and the number of votes cast was sufficient approval. The shareholders revoked the dissolution by voting groups - the number of votes cast was sufficient for approval. 	
SIXTH:	A copy of the Articles of Dissolution is attached.	
	Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) Kirenia Chiu (Typed or printed name of person signing)	
	Owner/Director F3	-
	(Title of person signing)	

Apr 30, 2019 Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

The name of the corporation as currently filed with the Florida Department of State: FIRST:

SOBE CIGARS CORPORATION

The document number of the corporation: P00000016238 SECOND:

The file date of the articles of incorporation: February 10, 2000 THIRD:

FOURTH: None of the corporation's shares have been issued.

The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued. SIXTH:

SEVENTH: A majority of the directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

OWNER Signature: KIRENIA CHIU

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative