


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;">CORPORATION REINSTATEMENT</div><div style="margin: 0 10px;"></div><div style="text-align: center;">FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</div></div>		FILED 01 DEC -7 AM 9:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA 900004740039--6 -12/26/01--01105--003 ****750.00 ****750.00	
DOCUMENT # P00000027150			
1. Corporation Name Tobacco & Candy International, Inc.			
2. Principal Office Address (Unit B-55) 2305 NW 107 Ave. Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33172	Country U.S.A.	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 3/16/00		5. FEI Number 65-0992346	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Gitano Bryant			
Street Address (P.O. Box Number is Not Acceptable) 2305 NW 107 Avenue, Unit B-55			
Suite, Apt. #, Etc.			
City Miami		State FL	Zip Code 33172
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 <i>[Signature]</i>		Date 12/05/01	
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
D	Gitano Bryant	2305 NW 107 Ave. #B-55	Miami, FL 33172
D	Jose M. Norona	2305 NW 107 Ave. #B-55	Miami, FL 33172
D	John Alexander	2305 NW 107 Ave. #B-55	Miami, FL 33172
D	Ernesto Erdmann	2305 NW 107 Ave. #B-55	Miami, FL 33172
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: <i>[Signature]</i> Gitano Bryant		Date 12/5/01	Daytime Phone # 305-640-2385
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E081 (9/00)