


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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STATE  
TALLAHASSEE  
FLORIDA

400067459354

03/09/06--01022--007 \*\*908.75

REINSTATEMENT

05-06

DOCUMENT # P00000073219

1. Corporation Name  
Cigar Plus Enterprises INC.

2. Principal Office Address <u>13951 SW 66 St.</u>		3. Mailing Office Address <u>Same</u>	
Suite, Apt. #, etc. <u>806 A</u>		Suite, Apt. #, etc. <u>Same</u>	
City & State <u>Miami FL</u>		City & State <u>Same</u>	
Zip <u>33183</u>	Country <u>Dade</u>	Zip <u>Same</u>	Country <u>Same</u>

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 8/01/2000

5. FEI Number 65-1029570

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name <u>Julio Pacheco</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>13951 SW 66 St.</u>	
Suite, Apt. #, Etc. <u>806 A</u>	
City <u>Miami</u>	State <u>FL</u>
Zip Code <u>33183</u>	

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 Same below Date 2/3/06

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
<u>PT</u>	<u>Julio Pacheco</u>	<u>13951 SW 66 St</u>	
<u>Sec</u>			
<u>Treas</u>		<u>Ap 806 A</u>	<u>Miami FL 33183</u>

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 contained in Chapter 119, 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: Julio Pacheco President Date 2/3/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #