

61-02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JAN 14 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000112952

1. Corporation Name

Cigarettes Mart INC.

000010080020  
01/14/03--01062---007 \*\*300.00

2. Principal Office Address

2319 W. 52nd St.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Zip

33016

Country

U.S.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/2001

5. FEI Number

651060022

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

Ahmad Rahal

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

975 Carriage Hill Rd

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32940

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

1-9-03

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
President	Ahmad Rahal	975 Carriage Hill Rd	Melbourne FL 32940

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-9-03

Daytime Phone #

305-821-0109

CR2E081 (10/02)

25 115

**CIGARETTES MART INC.  
2319 W. 52<sup>ND</sup> STREET  
HIALEAH, FL 33016  
TEL#305-821-0109**

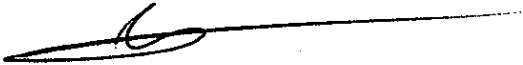
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**1-10-2003**

**Document # P000000112952**

**I am including a check for \$300 to cover the report fees for the 2002 and 2003 years. Please update your mailing record to the above listed address as we are no longer at the old address for the past 18 months. I appreciate your understanding and your help. Should you have any questions, please call me.**

**A. Rahal**

A handwritten signature in dark ink, appearing to be 'A. Rahal', followed by a long horizontal line extending to the right.