


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P01000017690</u>			
1. Corporation Name <u>TOBACCO ISLAND INC</u>			
2. Principal Office Address <u>3115 DRANE FIELD RD.</u> Suite, Apt. #, etc. <u># 18-19</u> City & State <u>LAKELAND, FL.</u> Zip <u>33811</u> Country <u>POIN</u>		3. Mailing Office Address <u>3115 Drane Field Rd</u> Suite, Apt. #, etc. <u># 18-19</u> City & State <u>Lakeland, FL</u> Zip <u>33811</u> Country <u>POIN</u>	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500056151205
06/14/05--01047--006 **300.00

4. Date Incorporated or Qualified To Do Business in Florida <u>2-15-01</u>	
5. FEI Number <u>59-3709170</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>JACK A. LEHMAN</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>3820 NORMAN BLVD</u>	
Suite, Apt. #, Etc. <u>Suite 300-B</u>	
City <u>TAMPA</u>	State <u>FL</u> Zip Code <u>33624</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 <u>[Signature]</u>	Date <u>5-25-05</u>
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>P</u>	<u>SAMER DAHLA</u>	<u>3115 DRANE FIELD RD.</u> <u>LAKELAND</u>	<u>LAKELAND FL 33811</u>
<u>VP</u>	<u>OMAR DAHLA</u>	<u>3115 Drane Field Rd</u>	<u>LAKELAND FL 33811</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 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: <u>[Signature]</u>	Date <u>5-25-05</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone #	

CR2E081 (01/05)

TOBACCO ISLAND INC

3115 DRANE FIELD ROAD
SUITE 18 & 19
LAKELAND, FLORIDA 33811
(863) 607-6664

May 25, 2005

Department of State
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

Attn: Reinstatement Dept.

Please accept the \$300.00 check for our fee for two years. We request a waiver of the late fee, as we had a change of address and did not receive the annual report.

Sincerely,

Samer Dahla