

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

03 JUL -3 PM 3:11

DOCUMENT # P01000067080

1. Corporation Name TWO SISTERS TOBACCO, INC

2. Principal Office Address 917 PIZARRO

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

Zip

33134

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida 10/04/02

5. FEI Number

05-1121835

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

DOTTY VAZQUEZ

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

917 PIZARRO ST

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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

Doty Vazquez

REGISTERED AGENT MUST SIGN

Date

6/27/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	DOTTY VAZQUEZ	917 PIZARRO	CORAL GABLES, FL 33134
			300021517093 07/14/03--01051--010 *\$150.00
			300021517093 07/14/03--01051--011 *\$150.00

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 807.0401 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:

Doty Vazquez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/27/07 305-445-6277

Daytime Phone #

CFR2001100703

July 2, 2003

Sec. of State  
Div. of Corporations

Re: Two Sisters Tobacco  
# PD1000067080

To whom it may concern:

I never received the application for  
the 2002 Corporation fee.

Please waive the fee for \$600.<sup>00</sup>

enclosed please find check for \$150.<sup>00</sup>  
for 2002 Corporation Fee.

Thank you.

Dotty Vazquez  
Two Sisters Tobacco Inc.