


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB -5 PM 2:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000084184

1. Corporation Name
DE LOS REYES CIGARS, INC.

200027604842
02/09/04--01047--015 **150.00

REINSTATEMENT 03-04

2. Principal Office Address 10813 NW 29TH STREET		3. Mailing Office Address 10813 NW 29TH STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33172	Country US	Zip 33172	Country US

4. Date Incorporated or Qualified To Do Business in Florida 08/24/2001

5. FEI Number 460489990 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 DA CRUZ, CARLOS

Street Address (P.O. Box Number is Not Acceptable) 10813 NW 29TH STREET 200027604842

Suite, Apt. #, Etc. 01/26/04--01071--009 **750.00

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 *Carlos da Cruz* Date 1/19/04

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
P	REYES, AUGUSTO A	10973 NW 59TH STREET	MIAMI FL 33178
VP	DA CRUZ, CARLOS	7126 NW 112 COURT	MIAMI FL 33178

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: *Carlos da Cruz* CARLOS da Cruz 1/19/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)