

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000084184

1. Corporation Name

DE LOS REYES CIGARS, INC.

2. Principal Office Address

10813 NW 29TH STREET

Suite, Apt. #, etc.

City & State

MIAMI-FL

Zip

33172

Country

US

3. Mailing Office Address

10813 NW 29TH STREET

Suite, Apt. #, etc.

City & State

MIAMI-FL

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

Suite, Apt. #, Etc.

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 #

FILED

04 FEB -5 PM 2:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

REINSTATEMENT

03-04

CR2E081 (10/02)