


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P0200001889

1. Entity Name
HABANOS, SA. CORP.



FILED
04 OCT 18 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3039 WASHINGTON AVE. MIAMI BEACH, FL 33139	Mailing Address 1539 WASHINGTON AVE. 201 MIAMI BEACH, FL 33134
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2. Principal Place of Business 1436 WASHINGTON AVE	3. Mailing Address 1436 WASHINGTON AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.



REINSTATEMENT (6/04) 04

City & State MIAMI BEACH, FLORIDA	City & State MIAMI BEACH, FLORIDA
Zip 33139	Country USA
Zip 33139	Country USA

4. FEI Number 03-0398623	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HERNANDEZ, OSWALDO
13925 LAKE PLACIO CT.
MIAMI, FL 33015**

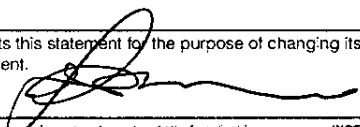
7. Name and Address of New Registered Agent

Name **MM SERVICES ACCOUNTING OR PA**

Street Address (P.O. Box Number is Not Acceptable)
1550 WEST 84TH STREET

City **MIAMI** FL Zip Code **33014**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

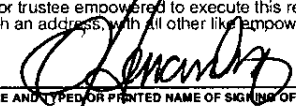
SIGNATURE:  DATE: **10/13/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD HERNANDEZ, OSWALDO <input type="checkbox"/> Delete	TITLE	PD HERNANDEZ OSWALDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, OSWALDO	NAME	HERNANDEZ OSWALDO
STREET ADDRESS	1639 WASHINGTON AVE.	STREET ADDRESS	1436 WASHINGTON AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33139
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	100041939661
STREET ADDRESS		STREET ADDRESS	10/18/04--01068--021 **150.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **10/13/04** (786) 258-1911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR