

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 NOV 20 AM 11:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02000063109**

1. Corporation Name

HAVANA 1959 CIGAR CO.

Principal Place of Business

Mailing Address

6702 MAIN STREET
 MIAMI LAKES FL 33014

6702 MAIN STREET
 MIAMI LAKES FL 33014

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

06/06/2002

5. FEI Number

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ESPINOSA, GIORGIO	6702 MAIN STREET	MIAMI LAKES FL 33014
D	HAILE, ANTHONY	6702 MAIN STREET	MIAMI LAKES FL 33014
D	Jacqueline Caballero	6702 main STREET	miami lakes FL 33014

8. Name and Address of Current Registered Agent

ESPINOSA, GIORGIO
 6702 MAIN STREET
 MIAMI LAKES FL 33014

9. Name and Address of New Registered Agent

Name **Jacqueline Caballero**
 Street Address (P.O. Box Number is Not Acceptable)
6702 main STREET
 Suite, Apt. #, Etc.
 City **miami lakes** State **FL** Zip Code **33014**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent *Jacqueline Caballero*
 REGISTERED AGENT MUST SIGN

Date **11/18/03**

11. 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: *Jacqueline Caballero*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/18/03**
 Daytime Phone #

CR2E040 (7/03)