

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P02000067582

1. Corporation Name

UP IN SMOKE CIGARETTE OUTLET. INC.

Principal Place of Business

Mailing Address

~~9100 WEST 23RD STREET~~  
PANAMA CITY FL 32405

~~9100 WEST 23RD STREET~~  
PANAMA CITY FL 32405

1603  
Lisenby

1603 Lisenby

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.

1603 Lisenby ave

Same

City & State

City & State

Panama City FL

Panama City FL

Zip

Zip

32405

32405

Country

Country

USA

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/18/2002

5. FEI Number

Applied For

75-3066562

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
President	Kim Attalla	339 S. MacArthur	Panama City FL 32401

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

UP IN SMOKE INC.

~~9100 WEST 23RD STREET~~  
PANAMA CITY FL 32405

1603 Lisenby ave

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Kimberly Attalla

REGISTERED AGENT MUST SIGN

Date

3-25-04

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:

Kimberly Attalla

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-19-04

Daytime Phone #

CR2E040 (7/03)

3-25-04

To Whom it may Concern:

I received this notice  
only never got the ~~1st~~  
2 other notices I am  
sending payment and  
sorry for any delay

Thank you

Kim Attala  
Up In Smoke

New address

Up In Smoke  
1603 Lisenby ave  
Panama City FL  
32405

(850) 215-2183