

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000083993

1. Entity Name
DECO DRIVE CIGARS EAST INC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 25 AM 8:00

REINSTATEMENT *04*



Principal Place of Business
1446 OCEAN DRIVE
MIAMI BEACH, FL 33139

Mailing Address
1446 OCEAN DRIVE
MIAMI BEACH, FL 33139

2. Principal Place of Business
1436 OCEAN DRIVE
Suite, Apt. #, etc.

3. Mailing Address
1639 WASHINGTON AVE
Suite, Apt. #, etc.

10202004 REIN-P CR2E098 (6/04) *MRS*

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

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

4. FEI Number
55-0792372 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
REITANO, ANTHONY J CPA
400 S DIXIE HIGHWAY
128
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent
Name *CPA JOSEPH L. SAKA*
Street Address (P.O. Box Number is Not Acceptable)
200 SOUTH BISCAYNE BLVD SIX FLOOR
City *MIAMI* FL Zip Code *33131*

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/01/04
DATE

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.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEVILACQUA, JOSEPH 1424 BLUE JAY CIRCLE WESTON, FL 33327 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>BEVILACQUA JOSEPH</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1639 WASHINGTON AVE</i> <i>MIAMI BEACH, FL 33139</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>200042163372</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>10/25/04--01078--021 **150.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/05/04
Date

(305) 672-8895
Daytime Phone #