

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 15 PM 2:53

DOCUMENT # 702000096992

1. Corporation Name

Tobacco World, Inc.

2. Principal Office Address

4640 N. Powerline Rd

Suite, Apt. #, etc.

3. Mailing Office Address

133 NW. 121ST Way

Suite, Apt. #, etc.

City & State

Pompano Beach FL

City & State

Coral Springs FL

Zip

33073

Country

USA

Zip

33075

Country

USA

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-0001726

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

Kristian Baso

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

133 NW 121ST Way

Suite, Apt. #, Etc.

City

Coral Springs

State
FL

Zip Code

33075

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

XKQ

REGISTERED AGENT MUST SIGN

Date

7/6/05

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
PDVP	Kristian Baso	133 n.w. 121 ST way	Coral Springs FL 33075

800057757318
07/21/05--01056--003 **300.00

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:

XKQ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/6/05

Daytime Phone #

2 of 2

**Tobacco World, Inc.
133 N.W. 121st Way
Coral Springs, FL 33071**

July 6, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Tobacco World, INC.
F.E.I.N. – 20-0001726
DOCUMENT NUMBER – P02000096992

Dear Sir or Madam:

I am the President of Tobacco World, Inc. I recently became aware that my corporation lapsed with the state. Please be advised that the necessary renewal documents were never received by my office. The mailing address currently listed with the state is not the correct address. I have enclosed a reinstatement form to update my company along with a check in the amount of \$ 300.00 representing two years of renewal fees. Please make a note of the correct mailing address and adjust your records accordingly.

Based on the foregoing, I respectfully request that you please remove the late filing penalties and accept my reinstatement form. Your help and understanding in this matter would be greatly appreciated.

Sincerely,



Kristian Baso
President

Enclosures