

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

10/2  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # P02000114737

1. Corporation Name

Dave's Humidors, Inc.

REINSTATEMENT

63-06

CR2E081 (12/05)

2. Principal Office Address  
5096 SW 162nd Ave

Suite, Apt. #, etc.

City & State  
Miramar, FL

Zip  
33027

Country  
USA

3. Mailing Office Address  
5096 SW 162nd Ave

Suite, Apt. #, etc.

City & State  
Miramar, FL

Zip  
33027

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 10/24/2002

5. FEI Number  
13-4220784

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  
David Sabot

Street Address (R.O. Box Number is Not Acceptable)  
5096 SW 162nd Ave

Suite, Apt. #, Etc.

City  
Miramar

State  
FL

Zip Code  
33027

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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

David K. Sabot

REGISTERED AGENT MUST SIGN

Date 1/2/07

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
P	David K. Sabot	5096 SW 162nd Ave	Miramar, FL, 33027

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 contained in Chapter 119, 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:

David K. Sabot

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/2/07

Daytime Phone #

242

January 2, 2007

Re: Document # P02000114737

I am writing to reinstate my status as a Florida Corporation. I did not receive notice to file for annual reports and therefore it fell into arrear. I am trying to get this resolved to be in full compliance and I apologize for any inconvenience this might have caused.

Regards,

A handwritten signature in cursive script, appearing to read "David K. Sabot".

David K. Sabot