

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 JAN -2 AM 11: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000000708

1. Entity Name

HOMELAND TOBACCO CORPORATION



Principal Place of Business

888 EAST LAS OLAS BOULEVARD
SUITE 700
FORT LAUDERDALE, FL 33301 US

Mailing Address

888 EAST LAS OLAS BOULEVARD
SUITE 700
FORT LAUDERDALE, FL 33301 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12282006

REIN-P

CR2E098 (11/05)

4. FEI Number
55-0817576

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICHAEL L. FEINSTEIN, P. A.
888 EAST LAS OLAS BOULEVARD
SUITE 700
FT. LAUDERDALE, FL 33301

Name

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

City

FL

Zip Code

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 (typed or printed name of registered agent and title is acceptable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Delete

CEO
MITTELBERG, ADAM R
888 EAST LAS OLAS BOULEVARD SUITE 700
FORT LAUDERDALE, FL 33301

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change Addition

000082912210
01/02/07--01055--003 **150.00

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Driving Phone #