

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000003762

1. Entity Name  
WASHINGTON TOBACCO INC



FILED

04 NOV 29 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1424 BLUE JAY CIRCLE  
WESTON, FL 33326

Mailing Address  
1424 BLUE JAY CIRCLE  
WESTON, FL 33326

2. Principal Place of Business  
1639 WASHINGTON AVE

3. Mailing Address  
1639 WASHINGTON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10202004

REIN-P

CR2E098 (6/04)

City & State  
MIAMI BEACH, FLORIDA

City & State  
MIAMI BEACH, FLORIDA

4. FEI Number

59-3765143

Applied For

Not Applicable

Zip 33139

Country USA

Zip 33139

Country USA

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  
SUITE 128  
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name CPA JOSEPH L. SAED

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

200 SOUTH BISCAYNE BLVD SIXTH 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/01/04

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 P  
NAME BEVILACQUA, JOSEPH  
STREET ADDRESS 1424 BLUE JAY CIRCLE  
CITY-ST-ZIP WESTON, FL 33326

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE BEVILACQUA JOSEPH  
NAME  
STREET ADDRESS 1639 WASHINGTON AVE  
CITY-ST-ZIP MIAMI BEACH, FLORIDA 33139

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/01/04 (305) 672-8295