

# 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**  
Suite, Apt. #, etc.

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

10202004 REIN-P CR2E098 (6/04)

City & State  
**MIAMI BEACH, FLORIDA**

City & State  
**MIAMI BEACH, FLORIDA**

Zip  
**33139** Country **USA**

Zip  
**33139** Country **USA**

4. FEI Number  
**59-3765143**

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  
SUITE 128  
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent  
Name **CRA 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)

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	<input type="checkbox"/> Delete
P	BEVILACQUA, JOSEPH	1424 BLUE JAY CIRCLE	WESTON, FL 33326	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	BEVILACQUA JOSEPH	1639 WASHINGTON AVE	MIAMI BEACH, FLORIDA 33139	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/01/04 (305) 672-8295  
Date Daytime Phone #