

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000009459

1. Entity Name  
DECO DRIVE CIGARS WEST INC



**FILED**  
**Nov 15, 2004 8:00 A.M.**  
**Secretary of State**

Principal Place of Business  
829 WASHINGTON STREET  
MIAMI BEACH, FL 33139 US

Mailing Address  
1424 BLUE JAY CIRCLE  
WESTON, FL 33326

2. Principal Place of Business  
1650 MERIDIAN AVE  
Suite, Apt. #, etc.

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



10202004 REIN-P CR2E098 (6/04)

City & State  
MIAMI BEACH, FL 33139  
Zip 33139 Country USA

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MIAMI BEACH, FL  
Zip 33139 Country USA

4. FEI Number  
550817584  
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 CPA JOSEPH L. SAKA  
Street Address (P.O. Box Number is Not Acceptable)  
200 SOUTH BISCAYNE BLVD SNT 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] DATE 10/01/04  
(NOTE: Registered Agent signature required when reinstating)

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	P <input type="checkbox"/> Delete BEVILACQUA, JOSEPH 1424 BLUE JAY CIRCLE WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BEVILACQUA, JOSEPH 1639 WASHINGTON AVE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600042098256 10/22/04--01017--008 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] DATE 10/05/04 (305) 672-8295  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #