PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1. Corporation Name Deco Dine Cigary Wast, In 2. Principal Office Address - No P.O. Box # / Go Moridian frame Suite, Apt. #, etc. City & State Miami Brack C. City & State Miami Brack C. Country IALLAHASSEE, FLORIDA IALLAHASSEE, FLO	CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 2008 FEB 12 AMII: 14 SECRETARY OF STATE	
2. Principal Office Address - No P.O. Box 8 2. Principal Office Address - No P.O. Box 8 Sulfa, Agt. 8, etc. City & State Mamin Box Country Zip Country General Address of Current Registered Agent Name Cost A Lacous Address of Current Registered Agent Xin Agt. 1 Etc. City A State Zip Country Zip Country General Address of Explored State Zip Country General Address of Explored State Xin Agt. 1 Etc. City A State Zip Country General Address of Explored State Zip Country General Address of Explored State Xin Agt. 2 Etc. City State / Zip Xin Agt. 2 Etc. Registered Agent Registered agent of the above named corporation, and familiar with and accept the obligations of section 507.0505 or 517.0503, F.S. Signature of Registered Agent Registered Registered Agent Registered R	1 .		TALLAHASSEE, FLORIDA	
2. Principal Office Address - No P O. Box # 3. Mailing Office Address IGD Me r. J.c. Aye. Suite, Apt. #, etc. IGD Me r. J.c. Aye. Suite, Apt. #, etc. 4. Data Incorporated of Qualified 20/2003 To Do Business in Florida 20/2003 Size Address - Winner Park	Deco Dine Cigars Wost, In.		900117827129 02/12/0801015011 **450.00	
CSD Mpridian Menue 16 To Meridian Menue 16 To Menues in Florida 12 1/200 25				
City & State Country	1650 Moridian Avenue	1650 Meridian Ave		
Substitute Sub	City & State	City & State		
7. Name and Address of Current Registered Agent Name OSC Peulacy Street Address (P.O.Box Number is Not Acceptible)		+	55 - 081 7584 Not Applicable	
Name Social Services (P.O.Box Number is Not Acceptable) Street Address (P.O.Box Number is Not Acceptable) Street Address (P.O.Box Number is Not Acceptable) Suite. Apt. W. Etc. City State Zip Code FL Zip C	· 69 00.00	1 0000	CERTIFICATE OF CTATUS DECIDED 35.75 Additional Fee required	
Street Address (P.O.18 ox Number is Not Acceptable) Street Address (P.O.18 ox Number is Not Acceptable) Suite, Apt. #, Etc. City Mia.m. Pach 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 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director (Poid anonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Titles Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) 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		f Current Registered Agent		
Mix m. Heach 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 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Directors Street Address of Each Officers and/or Directors Officers and/or Directors Officer and/or Director City / State / Zip D Torph Pay; Paya	Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were notreceived_and_requesting_the_reinstatement	
Signature of Registered Agent REGISTERED AGENT MUST SIGN 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 Officer and/or Director Dough Bey, league How Miami Beach FL 33/39 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				
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on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.				
SIGNATURE: 1-18-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				