2006 REINSTATEMENT

192

APPROVED AND FILED

FOR PROFIT CORPORATION

DOCUMENT # P04000081838

06 MAY 25 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
NORTH FLORIDA TOBACCO DISTRIBUTOR, INC

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 05-06 ASC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number
7225 NW 25TH ST.	SAME	☒ Applied For ☐ Not Applicable
Suite, Apt. #, etc.: SUITE #300	Suite, Apt. #, etc.	
City & State: MIAMI FL	City & State	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip: 33122 Country: USA	Zip Country	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: KESTUTIS BERTASIUS

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

7225 NW 25TH ST SUITE #300

City: MIAMI FL Zip Code: 33122

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.

400DT553334
05/31/06--01022--014 **670.00

SIGNATURE: X KESTUTIS BERTASIUS 04-14-06

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when submitting) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $ 550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KESTUTIS BERTASIUS
STREET ADDRESS	7225 NW 25TH ST SUITE #300
CITY-ST-ZIP	MIAMI FL 33122
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: KESTUTIS BERTASIUS 04-14-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2005-2006 or any other notice from the Division of Corporations in respect with the Corporation **NORTH FLORIDA TOBACCO DISTRIBUTOR, INC.**

Thank you for your courtesy in this matter.

KESTUTIS BERTASIUS
PRESIDENT