

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -2 AM 11:55

DOCUMENT # P04000088246

1. Corporation Name

CHARLOTTE CIGARS IMPORTERS INC

2. Principal Office Address - No P.O. Box #

6230 W 21 CT

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA

Zip

33016

Country

USA

3. Mailing Office Address

6230 W 21 CT

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA

Zip

33016

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 06/07/2004

5. FEI Number

26-2373876

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LUIS F. JACOBO

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

6230 W 21 CT

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33016

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0403, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

04/29/08

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 | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| PTD | NAUSCH, OSKAR | 6230 W 21 CT | HIALEAH, FL 33016 |
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| | | | |
| | | | |
| | | | |
| | | | |

B. 5/7/08
US-08

RECEIVED
JUL 14 2008

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 owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/08

Date

(305) 556-0044

Daytime Phone #