PLEASE READ ALL INSTRUCTIONS BEFORE

FILED
15 FEB 17 PM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # P04000160514

1. Corporation Name

American Cigarette Company, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9100 South Dadeland Blvd.	300 Bausch & Lomb Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
One Datran, Suite 1809	c/o Underberg & Kessler LLP
City & State	City & State
Miami, Florida	Rochester, New York
Zip / Country	Zip / Country
33156 / USA	14604 / USA

4. Date Incorporated or Qualified To Do Business in Florida
11/29/04

5. FEI Number
201953329

Applied For [ ]
Not Applicable [X]

6. CERTIFICATE OF STATUS DESIRED
No

$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Florida Filing & Search Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
155 Office Park Drive

Suite, Apt. #, Etc.
Suite A

City / State / Zip Code
Tallahassee / FL / 32301

100269638591
02/18/15--01001--010 **908.75

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 Debbie Hodge Date 2/17/15
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	City / State / Zip
Vice President	Keith Martin	635 Cooper Court, Suite A	Schaumburg, IL 60173

10. E-mail Address: keithmartin5@hotmail.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Keith Martin 2/12/15 (847) 815-6771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MD 2/17

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 2/17/15

NAME: AMERICAN CIGARETTE COMPANY, INC

TYPE OF FILING: REINSTATEMENT

COST: 908.75

RETURN: CERTIFIED COPY PLEASE

RECEIVED
15 FEB 17 PM 4:13
NOT AUTHORIZED TO ACKNOWLEDGE SUFFICIENCY OF FILING

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE RAE HODGE