PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			DIVISION OF C 19 34 TONE		
DOCUMENT # P07000014351 1. Corporation Name RTS Cigars, Inc.						·	,
Principal Office Addi 101 E. Palm Suite, Apt. #, etc.	3. Mailing Office Address 101 E. Palmetto Park Road Suite, Apt. #, etc.			300188669933 12714/10-01032-010 **750.00 cr28081 (6/10)			
070	Cit of City			Date Incorporated or Qualified To Do Business in Florida 01/31/2007			
Boca Raton,	Boca Raton, FL		5. FEI Number Applied For 20-8252359 Not Applied be				
zip 33432	Country	Zip 33432	Cour	· · ·	6. CERTIFICATE		
		Current Registered Agent		l			
Name Humberto E. Ruiz Street Address (P.O. Box Number is Not Acceptable) 2385 Executive Center Drive							
Suite, Apt #, Etc.					1		
Suite 100 City State Zip Col Boca Raton State Jay 23431							
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligation of Registered Agent REGISTERED AGENT MUST SIGN						on 607.0505 or 617.0503, F. Date 12/09/201	
9. Names and Street	Addresses of Each Officer and	Vor Director (Florid	da nonprofit corp	orations must list at le	ast 3 directors)		
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / S	tate / Zip
P/D Raul	Raul A. Triana 10			Palmetto	Pk. Rd.	Boca Rator	n, FL 33432
						1	
						12/15	D
REINSTATEM. 7D							
10. E-mail Address: (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 fiting 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 of or information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under certify. SIGNATURE: 12/09/2010 561-512-0333							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						Dete	Daytime Phone #