

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000020612

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** TROPICAL CIGARS OF HOLLYWOOD, INC.

**Current Principal Place of Business:**

12401 ORANGE DRIVE  
SUITE 124  
DAVIE, FL 33330

**New Principal Place of Business:**

6341 STIRLING ROAD  
DAVIE, FL 33314

**Current Mailing Address:**

12401 ORANGE DRIVE  
SUITE 124  
DAVIE, FL 33330

**New Mailing Address:**

6341 STIRLING ROAD  
DAVIE, FL 33314

**FEI Number:** 20-8481074

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLAIR, LAURENCE I ESQ  
100 WEST CYPRESS CREEK ROAD STE 700  
FORT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

BLAIR, LAURENCE I ESQ  
100 WEST CYPRESS CREEK ROAD  
FORT LAUDERDALE, FL 33309 US

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.

SIGNATURE: LAURENCE BLAIR

01/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: POZO, ARMANDO O  
Address: 6341 STIRLING ROAD  
City-St-Zip: DAVIE, FL 33314

Title: DVPS  
Name: POZO, DEISY B  
Address: 6341 STIRLING ROAD  
City-St-Zip: DAVIE, FL 33314

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ARMANDO POZO

PRES

01/05/2012

Electronic Signature of Signing Officer or Director

Date