PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 NOV 14 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/14/11--01065--007 **750.00

CR2E081 (11/10)

DOCUMENT # P08000030734

1. Corporation Name
SMOKE ANYWHERE USA, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3001 GRIFFIN RD		3001 GRIFFIN RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: DANIA BEACH, FL		City & State: DANIA BEACH, FL	
Zip: 33312	Country: USA	Zip: 33312	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/24/2008

5. FEI Number: 262294239 ☐ 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: JEFFREY HOLMAN

Street Address (P.O. Box Number is Not Acceptable): 2739 HOLLYWOOD BLVD

Suite, Apt. #, Etc.:

City: HOLLYWOOD | State: FL | Zip Code: 33020

REINSTATEMENT

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: _____ Date: 11/09/2011
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
D	DORON ZIV	3001 GRIFFIN RD	DANIA BEACH/FL/33312
D	JEFFREY HOLMAN	3001 GRIFFIN RD	DANIA BEACH/FL/33312
D	ISAAC GALAZAN	3001 GRIFFIN RD	DANIA BEACH/FL/33312

10. E-mail Address: JEFFREYHOLMAN@BELLSOUTH.NET
(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: Jeffrey E. Holman 11/09/2011 3057492676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #