

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED

97 DEC 26 PM 2:47

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000029334**  
 1. Corporation Name **CAT TOBACCO CORP.**

Principal Place of Business Mailing Address - same as principal place of business  
**7440 SW 50<sup>th</sup> Terrace**  
**Unit 106**  
**Miami, FL 33155**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <b>7440 SW 50<sup>th</sup> Terr.</b>	3. New Mailing Office Address, If Applicable <b>7440 SW 50<sup>th</sup> Terr.</b>	4. Date Incorporated or Qualified To Do Business in Florida <b>4/18/94</b>
Suite, Apt. #, etc. <b>Unit 106</b>	Suite, Apt. #, etc. <b>Unit 106</b>	5. FEI Number <b>65-0494630</b>
City & State <b>miami FL</b>	City & State <b>miami FL</b>	Applied For Not Applicable
Zip <b>33155</b> Country <b>USA</b>	Zip <b>33155</b> Country <b>USA</b>	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Secretary	<b>Carlos O. Torano</b>	<b>4135 Bay Laurel way</b>	<b>Boca Raton, FL 33487</b>
President	<b>Seth Levine</b>	<b>8341 SW 83 ST</b>	<b>Miami, FL 33143</b>
Treasurer	<b>Carolina Torano Levine</b>	<b>8341 SW 83 ST</b>	<b>Miami, FL 33143</b>
Director	<b>Carlos A. Torano</b>	<b>5015 SW 87 CT</b>	<b>Miami, FL 33165</b>

**REINSTATEMENT 1997**  
**C. Alan**

8. Name and Address of Current Registered Agent

**Carolina Levine**  
**8341 SW 83 St.**  
**Miami, FL 33143**

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**300002384888-2**  
 Suite, Apt. #, Etc.  
**-12/29/97-01123-015**  
 City  
**\*\*\*\*758.75** State  
**FL** Zip Code  
**\*\*\*\*758.75**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent  
  
 REGISTERED AGENT MUST SIGN

Date **12/23/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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:  **Carolina Levine**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12/23/97** Daytime Phone # **305 661-9121**

CR25040 (12-95)