


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p><b>APPLICATION FOR REINSTATEMENT</b></p>		 <p><b>FLORIDA DEPARTMENT OF STATE</b>  <i>97999</i> Sandra B. Mortham          Secretary of State  <i>AIR</i> DIVISION OF CORPORATIONS</p>		<p style="text-align: right;">FILED</p> <p style="text-align: right;">98 MAR 31 AM 11:06</p> <p style="text-align: right;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p style="text-align: right;">①</p>	
<p><b>DOCUMENT #</b> P94000094227</p>				<p>1. Corporation Name</p> <p><b>ITALIAN TOBACCO U.S.A., INC.</b></p>	
<p>Principal Place of Business</p>		<p>Mailing Address</p>			
<p>11091 N.W. 27th STREET SUITE 210 MIAMI, FL 33172</p>		<p>11091 N.W. 27th STREET SUITE 210 MIAMI, FL 33172</p>			
<p><small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small></p>					
<p>2. New Principal Office Address, If Applicable</p>		<p>3. New Mailing Address, If Applicable</p>		<p>4. Date Incorporated or Qualified To Do Business in Florida</p> <p style="text-align: right;">12-30-94</p>	
<p>Suite, Apt. #, etc.</p>		<p>Suite, Apt. #, etc.</p>		<p>5. FEI Number</p> <p style="text-align: center;">65-0554767</p>	
<p>City &amp; State</p>		<p>City &amp; State</p>		<p>Applied For</p> <p>Not Applicable</p>	
<p>Zip</p>		<p>Country</p>		<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>	
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p>					
<p>Title(s)</p>	<p>Name of Officers and/or Directors</p>	<p>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</p>	<p>City / State / Zip</p>		
<p>PD</p>	<p>PATRIZIO CLERICI</p>	<p>11091 N.W. 27th ST., #210</p>	<p>MIAMI, FL 33172</p>		
<p style="text-align: right;">7300002476897-3 -04/02/98-01071-002 ***315.00 ***315.00 <i>4-1-98</i></p>					
<p>8. Name and Address of Current Registered Agent</p>					
<p>PATRIZIO CLERICI 11091 N.W. 27th STREET, SUITE 210 MIAMI, FL 33172</p>					
<p>9. Name and Address of New Registered Agent</p>					
<p>Name</p>					
<p>Street Address (P.O. Box Number is Not Acceptable)</p>					
<p>Suite, Apt. #, Etc.</p>					
<p>City</p>					
<p>State <b>FL</b> Zip Code</p>					
<p>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.</p>					
<p>Signature of Registered Agent <i>Sandra B. Mortham</i> Date <i>3/23/98</i></p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>					
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)</p>					
<p>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p>					
<p>SIGNATURE: <i>[Signature]</i> <i>3/23/98</i> <i>305/716-9993</i></p>					

CR2E040 (12/95)



italian tobacco u.s.a.

March 24, 1998

*Annual Report Filings  
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314*

*Ref: Annual Report 1997/1998  
Corporation name: Italian Tobacco USA, Inc.  
FEI: 65-0554767  
Doc. #: P94000094227(3)  
Date of Incorporation: 12/30/94  
Date of last report: 01/18/96*

*Ladies/Gentlemen:*

*1. Enclosed please find application for reinstatement:*

*The attached copy of 1996 return notified you of address change.*

*2. We have no record of having received the 1997 form of annual report.*

*3. Our accountant for 1997 was changed from Hixon, Marin, Powell, P.A. to Mendive & Associates, P.A.*

*4. Due to the fact that the document must have been lost, we would appreciate your kind consideration to waive any penalties.*

*5. We are enclosing our check in the amount of \$315.00 for \$165.00 1997 and \$150.00 1998 annual report.*

*Yours very truly,*

*Charlotte E. Probst  
Controller*