

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 22 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000082312

1. Corporation Name

CIGAR DEPOT, INC. IMPORT & EXPORT

Principal Place of Business

Mailing Address

3662 NW 48 TERR
MIAMI FL 33142
US

3662 NW 48 TERR
MIAMI FL 33142
US

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

2. New Principal Office Address, If Applicable

3660 N.W. 48 terrace
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip
33142

Country

U.S.

City & State

Zip

Country

REINSTATEMENT 990

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/1995

5. FEI Number

65-0630332

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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	4 City / State / Zip
D	AMAYA, EDUARDO	4600 SW 5TH TERRACE	MIAMI FL 33134
D	AMAYA, EDUARDO	36 S.W. 76 court	MIAMI FL 33144
			200003029862--2
			11/01/99-01002-026
			***758.75 ***758.75

8. Name and Address of Current Registered Agent

AMAYA, EDUARDO
4600 SW 5TH TERRACE
MIAMI FL 33134

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Eduardo Amaya
REGISTERED AGENT MUST SIGN

Date 10/19/99

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., 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:

Eduardo Amaya
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/99

Date

Daytime Phone #

KE

CR25040 (9/99)