

APPLICATION
FOR 96-9
REINSTATEMENT



DIVISION OF CORPORATIONS

APPROVED
AND
FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000089219

TAINO CIGAR COMPANY, INC.

2501 WESTGATE AVE., SUITE #6
WEST PALM BEACH FL 33409



REINSTATEMENT 96-97

West Palm Bch FL	
Zip	Country
33409	USA

11/20/1995

Not Applicable

**\$8.75 Additional Fee required
for a Certificate of Status**

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	MEJIAS, JORGE L	2501 WESTGATE AVE., SUITE #8	WEST PALM BEACH FL 33409
			400002205764--6
			-06/09/97--01087--009
			****915.00 ****915.00
			A.alan 6/3/97

FL 33414

Date 5/30/97

(See other side for information
on intangible tax.)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/97
Date

(561) 478-5002
Daytime Phone #

CP2E040 (7806)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 96-97
REINSTATEMENT



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

APPROVED
AND
FILED

97 JUN -3 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000089219**

1. Corporation Name

TAINO CIGAR COMPANY, INC.

Principal Place of Business

Mailing Address

2501 WESTGATE AVE., SUITE #6
WEST PALM BEACH FL 33409

2501 WESTGATE AVE., SUITE #6
WEST PALM BEACH FL 33409



REINSTATEMENT 96-97

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

2424 N. Congress Ave

2424 N. Congress Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite E

Suite E

City & State

City & State

West Palm Bch. FL

West Palm Bch. FL

Zip

Country

Zip

Country

33409

USA

33409

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/1995

5. FEI Number

Applied For

65-0662186

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)

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
D	MEJIAS, JORGE L	2501 WESTGATE AVE., SUITE #6	WEST PALM BEACH FL 33409
			400002205764--6 -06/09/97--01087--009 ****915.00 ****915.00
			A. alan 6/3/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MEJIAS, JORGE L
2501 WESTGATE AVE., SUITE #6
WEST PALM BEACH FL 33409

Name

Mejias, Jorge L

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

14553 Horseshoe Trace

Suite, Apt. #, Etc.

City

West Palm Bch

State

FL

Zip Code

33414

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 5/30/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/97 (561) 478-5002
Date Daytime Phone #