PLEASE REAL	D ALL INST	RUCTIONS	BEFORE (ING THIS FO	RM
PLEASE READ ALL INSTRUCTIONS BEFORE CON APPLICATION FLORIDA DEPARTMENT OF STATE					APPROVED AND	
FOR Q1 Q1 Sandra B. Mortham						
REINSTATEMENT		Secretary of S			1 3 Golden de P	
		VISION OF CORPO	RATIONS	97 J	UN -3 AM IO:	55
DOCUMENT # P950	000892	19				
1. Corporation Name				SEC	RETARY OF STA AHASSEE, FLOR	IE Ina
TAINO CIGAR COMPANY, II	NC.			U (LL)	HEROOLL, TLOR	1730.1
Principal Place of Business	Mailing Addre	000		_		
2501 WESTGATE AVE., SUITE #6	-	ate ave Suite #6				IY ANNAL INTER FAILO ANNAL TIDIN TAIL INAL
WEST PALM BEACH FL 33409		BEACH FL 33409				
			DCI	NIGLV.	<i>TEMENT</i>	91.01
If above addresses are incorrect in any way, line	Intough incorroct in	formation and enter (correction below.	NUIN	1 6.3718.14 3	10-1
2. New Principal Office Address, If Applicable 3. Now Mailing Office Address, If Applicable				 Date Incorp To Do Busi 	orated or Qualified	4410014005
Sulte, Apt. #, etc.			ress five	5. FEI Numbe	· · · · · · · · · · · · · · · · · · ·	11/20/1995
City & State, P.O. R.I. FI					662186	Applied For Not Applicable
Zip Country	Zip	Country Country	, FL	6.		\$8.75 Additional Fee required
33409 USA	3340		ISA	I	E OF STATUS DESIRED [for a Certificate of Status
7 Names and Street Addresses of Each Officer a Name of Officers	nd/or Director (Flor		tions must list at lea		1	
Title(s) and/or Directors		Off 3 (Do NOT Us	icer and/or Director se Post Office Box N	Numbers)	4	City / State / Zip
D MEJIAS, JORGE L		2501 WESTGAT	e ave., suite #	6	WEST PALM BEA	ACH FL 33409
				-1 C		nenne e
				<u> </u>		<u>157646</u> ?01087009
					****915.	00 ****915.00
						1. 1/2/2
					U.a	lan 6/3/97
8. Name and Address of Current Registered Agent Name					Address of New Regis	
MEJIAS, JORGE L				lias, -	Torge L	
2501 WESTGATE AVE., SUITE #6			Street Address (P.O. Box Humber is Not Acceptable) 1453 Horseshoe Trace			
WEST PALM BEACH FL 33409			Suite, Apt. #, Etc.			8
City				PD	RI	State Zip Code FL 33414
10. I, being appointed the registered agent of the a	bove paped corpor	ation, an familiar wit	th and accept the of	bligations of Section	on 607.0505, F.S.	FL 33779
Signature of Registered Agent	1/_	m.			Date	la la
	REGISTERED AGE	NT MUST SIGN				
11. Does this corporation pay Dept. of Revenue under S	any intangi 5. 199.032,	ble tax to the Florida Statu	e Ites. Yes	🗆 No 🗆		ther side for information on intangible tax.)
12. I certify that I am an officer or director or the rea	ceiver or trustee em	nowered to execute t	this application as a	rovided for in obs	nter 607 or 617 E S 1	further certify that when filling
this reinstatement application, the reason for dis owed by the corporation have been paid and th	ssolution has been e	liminated, the corpo	rate name satisfies	the requirements	of section 607 0401 or	617 0401 ES that all face
on this application is true and accurate and my	signature shall have	e the same legal effe	ct as if made under	oath.		
	1/~	12	•			
SIGNATURE:	- U	1-1			5/30/97	(54)478-5002
SIGNATURE AND TYPED ON I	PRINTED NAME OF SI	GNING OFFICER OR D	RECTOR		Date 🖊	Devine Phone #

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	PLEASE READ PLICATION FOR 96-97 STATEMENT	FLORIDA DEPAR	IONS BEFORE (RTMENT OF STATE B. Mortham Iry of State	COMPLETING THIS FORM. APPROVED ANE FILSED		
		DIVISION OF	97 JUN - 3 AH IO: 55 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1. Corporat	tion Name					
	CIGAR COMPANY, IN	.		A ALLER IN A RECEIPTING TO THE RECEIPTING		
Principal Piace of Business 2501 WESTGATE AVE SUITE #6		Mailing Address 2501 WESTGATE AVE., 1	SUITE #6			
WEST PALI	M BEACH FL 33409	WEST PALM BEACH FL			NI, NI,	
	ddresses are incorrect in any way, line the	trough incorrect information a 3. Now Mailing Office Ad	nd enter correction below.			
2424 N. Congress the 240 Sulto, Apt. #, etc. Sulto, Apt. Sulto, Apt. #, etc. Sulto, Apt.			Congress Ave	(1/40/1000		
		City & State	3.1 -1		od For pplicable	
^{Zip} 334	109 Country USA	^{Zip} 33409	Country USA	6. CERTIFICATE OF STATUS DESIRED Status Desired for a Certificate of	e require I Status	
7 Names a	nd Street Addresses of Each Officer and Name of Officers and/or Directors	d/or Director (Florida nonprof	it corporations must list at le Street Address of Eac Officer and/or Directo	ach		
D MEJIAS, JORGE L			ESTGATE AVE., SUITE	Numbers) 4		
				400002205764 -06/09/9701087009 *****915.00 *****915.	, 00	
	8. Name and Address of Curreni	Registered Agent		9. Name and Address of New Registered Agent	197	
MEJIAS, JORGE L Street A 2501 WESTGATE AVE., SUITE #6 /-//			Me	Iame <u>Mejias</u> Jorge L Itreet Address (P.O. Box Humber is Not Acceptable) 1453 Horseshop Trace		
10 L beinn i	appointed the registered agent of the ab		City West	- Palm Bch State Zip Code FL 33414	1	
Signature of Registered A	Agent		~~~~	Date <u>5/30/97</u>		
11. Doe Dep	es this corporation pay pt. of Revenue under S.	any intangible tax 199.032, Florida	to the Statutes. Yes	S No (See other side for information on intangible tax.)		
owed by t	tatement application, the reason for diss	olution has been eliminated, t names of individuals listed or	he corporate name satisfies this form do not qualify for	s provided for in chapter 607 or 617, F.S. I further certify that when es the requirements of section 607.0401 or 617.0401, F.S., that all or an exemption under section 119.07(3)(I), F.S. The information in der oath.	fane	
SIGNAT	URE:			5/30/97 (54)478-50	22	

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