
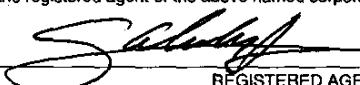
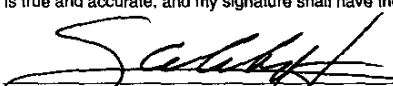


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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|--|-----------------------------------|--|--------------------------|--|--|
| CORPORATION REINSTATEMENT 2004 | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | FILED 04 JUL 26 AM 7:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| DOCUMENT # P000091016 P95000091016 | | | | | |
| 1. Corporation Name SAL'S SMOKE SHOP INC. | | | | | |
| 2. Principal Office Address 7043 W. BROWARD BLVD Suite, Apt. #, etc. City & State PLANTATION FL Zip 33317 Country USA | | 3. Mailing Office Address SAME Suite, Apt. #, etc. City & State | | 4. Date Incorporated or Qualified To Do Business in Florida DEC 1995 | |
| | | | | 5. FEI Number 65-0626830 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |
| 7. Name and Address of Current Registered Agent | | | | | |
| Name SAL HANONO | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 7043 W. BROWARD BLVD 800039529518 Suite, Apt. #, Etc. 07/26/04--01054--010 **750.00 | | | | | |
| City PLANTATION State FL Zip Code 33317 | | | | | |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. | | | | | |
| Signature of Registered Agent  Date 7/21/04 REGISTERED AGENT MUST SIGN | | | | | |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | | | |
| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip | | |
| PRES | SAL HANONO | 4316 REFLECTIONS BLVD #106 | SUNRISE, FL 33351 | | |
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| 10. 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:  7/21/04 954-290-7655 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |

CR2E081 (01/04)