

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

01 JUL 25 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P96000010079

1. Corporation Name

Prestige Cigars, Inc.

2. Principal Office Address

555 N.E. 15th Street

Suite, Apt. #, etc.

Ste 934

City & State

Miami FL

Zip

33132

Country

U.S.

3. Mailing Office Address

640 N. Shore Drive

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33141

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0637777

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Harold Plotkin

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

640 N. Shore Drive

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33141

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/22/01

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	Harold Plotkin	640 N. Shore Dr. Miami Beach, FL 33141	

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:

Harold Plotkin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/27/01

Daytime Phone #

+305-373-7380

CR2E081 (9/00)

pg 2 of 2

Oscar Duranza, C P A
Professional Association
10300 Sunset Drive Ste 284
Miami, Florida 33173
(305)279-2543

Friday, March 30, 2001

DIVISION OF CORPORATIONS
c/o Reinstatement Department

Re: Prestige Cigars, Inc.
E I N 65-0637777
555 N.E. 15th Street
Ste 934
Miami, Florida 33132

Gentlemen:

This letter is in reference to the dissolution of Prestige Cigars, Inc. effective 9/22/00 for non filing of the Corporate Annual Report.

Please see attached corporate detail from the State of Florida. It shows the correct mailing address, yet according to the State of Florida, the two notices mailed to us were returned for insufficient address. At no time did we receive the corporate annual report. The address on your detail notice is correct.

Per the instructions of the State of Florida, Division of Corporations, the taxpayer is enclosing an application for reinstatement along with a check in the amount of \$ 300.00 to reinstate the corporation.

Cordially yours,


Oscar Duranza