

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000019013

1. Corporation Name

PUROS INDIOS CIGARS, INC.

Principal Place of Business

Mailing Address

114 N.W. 22ND AVENUE  
MIAMI FL 33125

114 N.W. 22ND AVENUE  
MIAMI FL 33125



REINSTATEMENT 03

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

4. Date Incorporated or Qualified  
To Do Business in Florida

02/28/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0669178

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
OP	REYES, ROLANDO SR	114 NW 22 AVE	MIAMI FL 33125
VP	DIEZ, CARLOS E	<del>14179 SW 185 ST</del> 14821 SW 150 ST	MIAMI FL <del>33177</del> 33196
TRES	ALEXIS, DIEZ	<del>22400 SW 207 AVE</del> 15086 SW 172 TR.	MIAMI FL <del>33170</del> MIAMI FL 33187
SEC	<del>AMIEDA, DIEZ R</del> ONEIDA REYES-DIEZ	22400 SW 207 AVE	MIAMI FL 33170

8. Name and Address of Current Registered Agent

ROSSANO, ROBERT  
1110 BRICKELL AVE 7TH FLOOR  
MIAMI FL 33131

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. or 617.0505, F.S.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/14/03 205) 644-1116

CR2E040 (7/03)



October 14, 2003

DIVISION OF CORPORATIONS

WAIVER LETTER

DOCUMENT #P96000019013  
PUROS INDIOS CIGARS, INC.

To Whom It May Concern:

We never recieved the Annual Report for the year 2003, we always paid on time.  
We recieved the Notice of Dissolution today. Please, can you waive the penalty charges

Thank You,

Carlos E. Diez



114 North West 22nd Ave. Miami, Florida 33125.  
Toll Free: 1-800-992-4427. Miami: (305) 644-1116. Facsimile: (305) 649-5154.  
e-mail: carlos@purosindioscigars.com • site: www.purosindioscigars.com