

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV 16 PM 4:10

DOCUMENT # P96000054318

1. Corporation Name

FONTICIELLA CIGAR, CORP.

Principal Place of Business

13167 N.W. LEJEUNE RD  
OPA LOCKA FL 33054  
US

Mailing Address

13167 N.W. LEJEUNE RD  
MIAMI FL 33054  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/24/1996

5. FEI Number

65-0678990

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875. A fee of \$875 is 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
P	FONTICIELLA, CARLOS	8520 NW 178TH ST	HALEAH FL 33015
V	FONTICIELLA, JACK	8530 NW 178TH ST	HALEAH FL 33015
T	FONTICIELLA, LISSETTE	8520 NW 178TH ST	HALEAH FL 33015

400003063654--8  
-12/07/99--01099--009  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

FONTICIELLA, CARLOS  
8520 NW 178TH ST  
HALEAH FL 33015

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.

Signature of  
Registered Agent

*Carlos Fonticella* REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-18-99

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:

*Carlos Fonticella*  
CARLOS FONTICIELLA PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-18-99

Daytime Phone #

305 687 4040

AD