

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  
00 NOV -2 PM 2:40

DOCUMENT # P96000071969

1. Corporation Name

RIO CIGARS, INC.

Principal Place of Business

7902 N.W. 36TH ST. #9  
MIAMI FL 33193

Mailing Address

7902 N.W. 36TH ST. #9  
MIAMI FL 33193



REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable

7902 NW 36ST. #9

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

SUITE 9

City & State

MIAMI, FLORIDA

Zip

33193

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/28/1996

5. FEI Number

65-0689268

Applied For

Not Applicable

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
D	VELEZQUEZ, ROBERT	15293 SW 172ND ST 11841 SW 176ST.	MIAMI FL 33187 33177
D	GONZALEZ, ISMAEL	15293 SW 172ND ST 14802 SW 85TER	MIAMI FL 33187 33193
			200003471932--6 -11/21/00--01027--014 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

GONZALEZ, ISMAEL  
14802 SW 85TH TERR  
MIAMI FL 33193

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

REGISTERED AGENT MUST SIGN

Date

10/11/00

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

10/11/00

Daytime Phone #

305-994-3599

CR2E040 (8/00)