PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
₹″FØR
REINSTATEMEN [*]



FLORIDA DEPARTMENT OF STATE - Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT#	P96000071969

1. Corporation Name

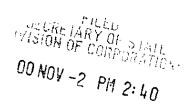
RIO CIGARS, INC.

Principal Place of Business

Mailing Address

7000 NIM OCTH ST #0

7002 N.W. 36TH ST #9



MIAMI FL 3	I FL 33193 MIAMI FL 33193							
			e. i	l - uk www.adi.a.a b.ada	RFINS	STATEMENT	00	
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			
7902 NW 365T. #9			To Do Busir	nace in Electes	/1996			
Suite, Apt. #, etc. SUITE 9				5. FEI Number		Applied For		
City & State City & State					1 -	65-0689268	Not Applicable	
Zip Country Zip			Country		6.	\$8.75 A	dditional Fee required	
331	93 <u>~~~</u> sa				CERTIFICATE		Certificate of Status	
	and Street Addresses of Each Officer and/	or Director (Flo	rida nonprofit	corporations must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors 2		3	Street Address of Each Officer and/or Director				
D	VELEZQUEZ, ROBERT		4 5290 SW	1-172ND 6T 11 SW 17-65T	MIAMI FL 33187 33177			
D	D GONZALEZ, ISMAEL 4			/ 172ND-8T - ጋ SW &5ጉደ <u>ዶ</u>		MIAMI FL 33187		
		Principal (Care No.			2000034719326 -11/21/0801027014 ****750:00 *****750:00			
					<u> </u>			
					DIVIII			
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
			Name	Name				
GONZALEZ, ISMAEL 14802 SW 85TH TERR			Street Address (F	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33193			Suite, Apt. #, Etc.					
	0	. /)	City		FL	p Code	
10. I, being	appointed the registered agent of the ab	ve named corp			bligations of Sect	tion 607.0505, F.S.		
Signature o Registered	Agent	gig TERVD AG		CARLON CONTROL OF THE SECOND CONTROL OF THE		Date		
this rein owed by	that I am an officer or director or the receistatement application, the reason for dissive the corporation have been paid and the application is true and accurate, and my signal accurate.	var or fustee en oloiien has been names of individ gnature shall ha	npowered to e eliminated, th luals listed on	execute this application as per corporate name satisfies this form do not qualify for	the requirements an exemption un	apter 607 or 617, F.S. I further cert s of section 607,0401 or 617,0401,	F.S., that all tees	
		/ /						