

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 MAY 14 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000076898**

1. Corporation Name

THE CIGAR BOX INC.

Principal Place of Business

5646 N.W. 35th COURT  
MIAMI, FL 33142

Mailing Address

SAME

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

2. New Principal Office Address, If Applicable

5646 N.W. 35th CT

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33142

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9/16/96

5. FEI Number

65-0720756

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES.	ANTHONY R. GOMEZ	3175 SHERDIAN AVE.	MIAMI BEACH FL 33140
SEC.			
VP.	RAUL ROQUE	5646 N.W. 35th COURT	MIAMI, FL 33142
TRES.			

REINSTATEMENT 97-98

TS 5/19

8. Name and Address of Current Registered Agent

ANTHONY R. GOMEZ  
4700 N.W. 7th STREET # 432  
MIAMI, FL 33126

9. Name and Address of New Registered Agent

Name

RAUL ROQUE

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

5646 N.W. 35th COURT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33142

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 05/11/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAUL ROQUE V.P.

05/11/98

Date

305-634-2243

Daytime Phone #

CR2E04Q (1/98)