

02 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P96000088949

1. Entity Name

The Original Key West Cigar Factory, Inc.

02 DEC 11 PM 12: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
316 Williams Street

3. Mailing Address
2432 Flagler Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Attn: Guy A. Willis, CPA

City & State
Key West, Fl.

City & State
Key West, Fl.

Zip
33040

Country
USA

Zip
33040

Country
USA

4. FEI Number
65-0726453

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Guy A. Willis, CPA

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

2432 Flagler Avenue

City Key West, FL Zip Code 33040

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

January 1st May 1st Fee is \$150.00
After May 1st Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME Walsh, Eleanor
STREET ADDRESS 316 Williams St.
CITY-ST-ZIP Key West, Fl 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3000009474883
12/11/02-01065-013 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eleanor Walsh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/07/02

Date

Daytime Phone #

CR2034B (12/01)



Certified Public Accountants

Jack D. Niles, Jr., C.P.A.
Guy A. Willis, C.P.A.
Sharon A. Moore, C.P.A.

November 27, 2002

Secretary of State
Attn: Reinstatement Section
Divisions of Corporations
409 East Gaines
Tallahassee, FL 32399

RE: The Original Key West Cigar Factory, Inc. P96000088949
Uniform Business Report 2002
Reinstatement and abatement of late fees

Dear Sirs:

Enclosed is the above referenced client's UBR form, including a check in the amount of \$150 representing 2002 filing fees. Our client did not receive the 2002 UBR form for its annual filing with your office. It has come to our attention on November 7, 2002 that the client's corporation has been administratively dissolved for failure to file the UBR form.

The client's business suffered a fire this summer and our local State Attorney's office is currently investigating fraud perpetrated by one of the employees, as well as possible arson.

I hereby request that your office abate the late filing fees due to these circumstances. I have enclosed a **POWER OF ATTORNEY AND DECLARATION OF REPRESENTATIVE FORM DR-835** executed by Mrs. Eleanor Walsh as president for the company for your records.

If you require further clarification, please contact me at 305-294-6606. Thank you in advance for your cooperation in this matter.

Sincerely,

NILES, WILLIS & MOORE, P.A.

A handwritten signature in black ink, appearing to read 'Tony Willis'. Below the signature, the name 'Guy A. (Tony) Willis, CPA' is printed in a smaller, sans-serif font.

GAW
Enclosures

CC: Mrs. Eleanor Walsh, President

Members:

American Institute of

Certified Public Accountants

Florida Institute of

Certified Public Accountants

POWER OF ATTORNEY
and Declaration of Representative

PART 1 - POWER OF ATTORNEY

1. TAXPAYER INFORMATION (Taxpayer(s) must sign and date this form on Page 2, Part I, Section 8)

TAXPAYER NAME(S) AND ADDRESS (Please Type or Print)		TAXPAYER IDENTIFICATION NO(S). (SSN, FEIN, etc.)	FLORIDA TAX REGISTRATION NUMBER
The Original Key West Cigar Factory, Inc. 316 Williams St. Key West, Fl. 33040		65-0726453	54-03-041139-82-9
			DAYTIME TELEPHONE NUMBER
			305-294-6606

Hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2. REPRESENTATIVE(S) (Each representative must be listed individually, and must sign and date this form on Page 2, Part II)

NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER 305-294-6606
Guy A. (Tony) Willis CPA 2432 Flagler Ave. Key West, FL. 33040	FAX NUMBER 305-294-0328
NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER
	FAX NUMBER
NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER
	FAX NUMBER

To represent the taxpayer(s) before the Florida Department of Revenue in the following tax matters:

3. TAX MATTERS

TYPE OF TAX (Corporate, Sales, Intangible, etc.)	TAX FORM NUMBER (F-1120, DR-15, DR-601, etc.)	YEAR(S)/PERIOD(S)/MATTER(S)
Corporate- reinstatement (For Profit Corporation P96000088949)	UBR -reinstatement	2002

4. ACTS AUTHORIZED

The representative(s) are authorized to receive and inspect confidential tax information and to perform **any and all acts** that I (we) can perform with respect to the tax matters described in section 3, (for example, the authority to sign any agreements, consents, or other documents). The authority specifically includes the power to execute waivers of restrictions on assessment or collection of deficiencies in tax, to execute consents extending the statutory period for assessment or claims for refund of taxes, and to execute closing agreements under section 213.21, Florida Statutes. The authority does not include the power to receive refund warrants or the power to sign certain returns.

LIST ANY SPECIFIC ADDITIONS OR DELETIONS TO THE ACTS OTHERWISE AUTHORIZED IN THIS POWER OF ATTORNEY

5. RECEIPT OF REFUND

If you want to authorize a representative named in section 2 to receive, BUT NOT TO ENDORSE OR CASH, refund warrants, initial here _____ and list the name of that representative below.

NAME OF REPRESENTATIVE TO RECEIVE REFUND WARRANTS: _____

STFFL12830F.1

Re-print Taxpayer Name(s):

Taxpayer ID #

STF1
PAGE 2

- Taxpayer(s) must complete Page 1 of this Power of Attorney, or it will be returned.

6. NOTICES AND COMMUNICATIONS

- Notices and other written communications will be sent to the first representative listed in Part I, section 2, unless taxpayer selects one of the options below.

- a. If you want any notices and communications sent to both you and your representative, check this box
- b. If you do not want any notices or communications sent to your representative, check this box
- c. If you want the second representative listed to receive such notices and communications, check this box
- d. If you want the third representative listed to receive such notices and communications, check this box

7. RETENTION / REVOCATION OF PRIOR POWER(S) OF ATTORNEY

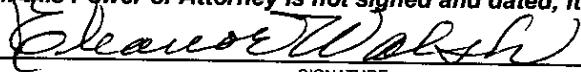
The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Florida Department of Revenue for the **same** tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check this box.

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

8. SIGNATURE OF TAXPAYER(S)

If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested. If signed by a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, trustee, or fiduciary on behalf of the taxpayer, I declare under penalties of perjury that I have the authority to execute this form on behalf of the taxpayer. **Under penalties of perjury, I (we) declare that I (we) have read the foregoing document, and the facts stated in it are true.**

If this Power of Attorney is not signed and dated, it will be returned.



SIGNATURE

11/27/02

President

TITLE (If Applicable)

Eleanor Walsh

PRINT NAME

SIGNATURE

DATE

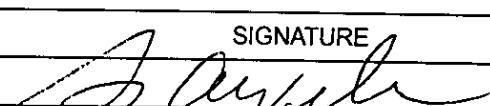
TITLE (If Applicable)

PRINT NAME

PART II - DECLARATION OF REPRESENTATIVE

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified therein, and to receive confidential taxpayer information;
- I am one of the following:
 - Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - Enrolled Agent / Actuary - enrolled as an agent or actuary under the requirements of Treasury Department Circular No. 230. (Attach evidence of enrolled status.)
 - Law student who is certified pursuant to Chapter 11 of the Rules Regulating the Florida Bar.
 - Former Department of Revenue employee. As a tax representative, I cannot accept representation in a matter upon the merits of which I had direct involvement while I was a public employee.
 - Other Qualified representative. (Note: Representatives qualifying under this subsection must comply with Rules 12-6.005 and 28-106.106, Florida Administrative Code.);
- I have read the foregoing Declaration of Representative and the facts stated in it are true.

If this Declaration of Representative is not signed and dated, it will be returned.

DESIGNATION - INSERT ABOVE LETTER (a - f)	JURISDICTION (State) or ENROLLMENT CARD NO.	SIGNATURE	DATE
B	F1/GA.		11/27/02