

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN -4 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 897000007995

1. Corporation Name

Estelar Cigar Distributors, Inc.

2. Principal Office Address

2721 S.W. 29th CRT

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Miami, FL 3

City & State

Zip
33133

Country

Dade

Zip

Country

300037797063

06/09/04--01029--003 ***900.00

REINSTATEMENT 99-04

4. Date Incorporated or Qualified
To Do Business in Florida

01/27/97

5. FEI Number

65-0724180

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LINDSAY DUNKLEY

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

14100 Palmetto Frontage RD.

Suite, Apt. #, Etc.

210

City

Miami Lakes

State
FL

Zip Code

33016

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

6/3/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	RAFAEL SOLANO	2721 S.W. 29 th CRT.	Miami, FL 33133

10. 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

Daytime Phone #

X 6/3/04 (305) 951-0228

CP2E081 (01/04)

ps 2 22

June 3, 2004

Estelar Cigar Distributors, Inc.
Rafael Solano, President
2721 SW 29th Crt.
Miami, Fl. 33133

Florida Department of State
Secretary of State
Division of Corporation

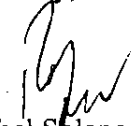
Dear Agent:

Please note that we never received the first notice of our annual report back in 1999. The reason for this is that we moved, our new address is 2721 SW 29th Crt., Miami, Florida 33133.

We are asking for an abatement of penalty do to the above mention.

Thank you for your help in this matter. If you have any questions please call me at 305-821-6232.

Sincerely,



Rafael Solano, President