FAX H00000039143 3

FOR REINSTATEMENT

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 25 PM 3:09

DOCUMENT # P97000011598

1. Corporation Name
TRI-STAR TOBACCO CO., INC

Principal Place of Business
1626 WEST 33RD PLACE
HIALEAH, FL 33012

Mailing Address
1626 W. 33RD PLACE
HIALEAH, FL 33012

REINSTATEMENT 98-00

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

2. New Principal Office Address, If Applicable
14201 S.W. 41 ST
Suite, Apt. #, etc.
City & State: MIRAMAR, FL
Zip: 33027 Country: DADE

3. New Mailing Office Address, If Applicable
256 N.W. 42 AVE
Suite, Apt. #, etc.
City & State: MIAMI FL
Zip: 33126 Country: DADE

4. Date Incorporated or Qualified To Do Business in Florida 2-5-1997

5. FEI Number 65-0760725 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	GARCIA, DAVID	14201 S.W. 41 STREET	MIRAMAR, FL 33027

8. Name and Address of Current Registered Agent
DAVID GARCIA
14201 S.W. 41 STREET
MIRAMAR, FL 33027

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 X [signature] REGISTERED AGENT MUST SIGN Date 1-24-2000

11. This corporation owes 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: X [signature] 1-24-2000 954-441-9126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FAX Audit # H00000039143 3

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : R & R ACCOUNTING & TAX SERVICES, INC.
Account Number : 071324000655
Phone : (305)541-0790
Fax Number : (305)541-4015

CORPORATION REINSTATEMENT

TRI-STAR TOBACCO CO., INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$1,050.00