

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 APR -4 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

METRO WEST CIGARS, INC.

PA7000036028

02-03

2. Principal Office Address

3457 S. HIWASSEE Rd

Suite, Apt. #, etc.

3. Mailing Office Address

2457 S. Hiwassee Rd

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32835

Country

USA

Zip

32835

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/22/1997

5. FEI Number

59-3443829

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

MARIE WEINBERGER

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

10441 OAKVIEW POINTE TERRACE

Suite, Apt. #, Etc.

City

GOA GOTHA

State

FL

Zip Code

34734

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

*M. Weinberger*

REGISTERED AGENT MUST SIGN

Date 4/1/03

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
P	Marie Weinberger	10441 Oakview PT Terrace	Gotha, FL 34734

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

4/1/03

Date

407-294-1653

Daytime Phone #

CR2081 (10/02)