

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

99 JAN 12 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000050580

1. Corporation Name

Cubanacan Cigars, Inc.

Principal Place of Business

Mailing Address

590 West 20 St
Hialeah, FL 33010

Same

REINSTATEMENT

98-28
00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

590 West 20 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hialeah, Florida

Zip

Country

Zip

Country

33010

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650762506

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
D	Jeanette P. Suarez	590 West 20 St	Hialeah, FL 33010
D	Gisele Bracerias	590 West 20 St	Hialeah, FL 33010
D	Miriam Padreda	590 West 20 St	Hialeah, FL 33010
			200002740662--6 -01/13/99--01103--001 ****750.00 ****750.00
			200002740662--6 -01/13/99--01103--002 ****185.00 ****185.00

8. Name and Address of Current Registered Agent

ROBERT A. FREEMAN, P.A.
2601 SOUTH BAYSHORE DR., SUITE 1250
MIAMI, FL 33133

9. Name and Address of New Registered Agent

Name

Jeanette P. Suarez

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

590 West 20 Street

Suite, Apt. #, Etc.

City

Hialeah,

State

FL

Zip Code

33010

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 1/5/99

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] Jeanette P. Suarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (1/98)