

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 16 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000065142

1. Corporation Name

EL AGUILA CIGARS, CORP.

Principal Place of Business

1780 S.W. 1ST STREET
MIAMI FL 33135

Mailing Address

1780 S.W. 1ST STREET
MIAMI FL 33135



100009518131
12/16/02--01031--011 **150.00

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/28/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0770840

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	GALLARO, MARIELA	13826 S.W. 102 TERR.	MIAMI FL 33186
ST	GALLARDO, ARMANDO	13826 S.W. 102 TERR.	MIAMI FL 33186
VP	QUINTANA, PABLO	11807 S.W. 204 STREET	MIAMI FL 33177

8. Name and Address of Current Registered Agent

GALLARDO, ARMANDO B
1780 SW 1 STREET
MIAMI FL 33186

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED

Date

Daytime Phone #

11/20/02 305-443-8500

CR2040 (8/02)

El Aguila Cigars Corp.
1780 S.W. 1st Street
Miami, FL 33135

November 20, 2002

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ref: #P97000065142

Gentlemen:

Attached you will find our 2002 Annual Report with our check #2337 in the amount of \$150.00 to cover for the filing fees.

We respectfully request the additional filing fees for late filing is abated since we never received the first notice.

Thank you in advance for your cooperation in this matter.

Sincerely,

Pablo Quintana

Pablo Quintana