

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

98 DEC -4 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000088649

1. Corporation Name

CIGARZ ON CHURCH STREET, INC.

Principal Place of Business

Mailing Address

**55 W. CHURCH ST., STE. 129
ORLANDO, FL 32801**

**55 W. CHURCH ST., STE. 129
ORLANDO, FL 32801**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

333 PARK AVENUE SOUTH

WINTER PARK, FLORIDA

32789

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

OCTOBER 13, 1997

5. FEI Number

59-3473138

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	ANGELO, MARK	515 LAKE AVENUE	ORLANDO, FL 32801

100002703411--4
-12/04/98--01075--010
*****750.00 ***750.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

POHL, FRANK L.
POHL & SHORT, P.A.
280 W. CANTON AVENUE, STE. 410
WINTER PARK, FLORIDA 32789

Name

FORSTER, GARY A.

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

280 W. CANTON AVENUE

Suite, Apt. #, Etc.

SUITE 410

City

WINTER PARK

State

FL

Zip Code

32789

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

REGISTERED AGENT MUST SIGN

Date **DECEMBER 2, 1998**

11. Does this corporation pay any intangible tax to the

Dept. of Revenue under S. 199.032, Florida Statutes.

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:

Mark Angelo

, MARK ANGELO, PRESIDENT

DECEMBER 2, 1998 407/647-2427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR12E040 (12/95)