

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 JUL 20 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000001984

1. Corporation Name

DOWNTOWN CIGAR & LIQUOR CORPORATION

Principal Place of Business

184 NE 3RD AVENUE
MIAMI FL 33132

Mailing Address

184 NE 3RD AVENUE
MIAMI FL 33132

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

01/08/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0813042

Not Applicable

Zip

Country

Zip

Country

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 3	City / State / Zip 4
D	PADRON, MEDARDO	184 NE 3RD AVENUE	MIAMI FL 33132
D	GARCIA, PAUL	184 NE 3RD AVENUE	MIAMI FL 33132
P/S T/D	LEONEL R. GARCIA	184 NE 3RD AVE	MIAMI, FL 33132
			800003335538--1 -07/25/00--01077--027 ****308.75 ****308.75

8. Name and Address of Current Registered Agent

~~PADRON, MEDARDO~~
~~184 NE 3RD AVENUE~~
~~MIAMI FL 33132~~

9. Name and Address of New Registered Agent

Name: LEONEL R. GARCIA
Street Address (P.O. Box Number is Not Accepted): 184 NE 3RD AVENUE
Suite, Apt. #, Etc.:
City: MIAMI State: FL Zip Code: 33132

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE