


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000005970 1. Entity Name COHIBA, INC	
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FILED
 06 OCT 26 AM 10: 34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 1715 S. FEDERAL HWY. DELRAY, FL 33483	Mailing Address 1715 S. FEDERAL HWY. DELRAY, FL 33483
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2. Principal Place of Business 7440 LAKE WORTH Rd. Suite, Apt. #, etc.	3. Mailing Address 7440 LAKE WORTH Rd. Suite, Apt. #, etc.
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10232006 REIN-P CR2E098 (11/05) **06**

City & State LAKE WORTH, FL.	City & State LAKE WORTH, FL.
Zip 33467	Zip 33467
Country PALM BEACH	Country PALM BEACH

4. FEI Number 65-0807387	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent PENA, IRMA 701 NATHAN HALE WEST PALM BEACH, FL 33405	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENA, IRMA	NAME	
STREET ADDRESS	701 NATHAN HALE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405	CITY-ST-ZIP	03-14-06 - 90017 - 045 \$150.00
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:  _____ Date: **10/23/06** Daytime Phone #: **561-296-7656**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 23, 2006

Division of Incorporations

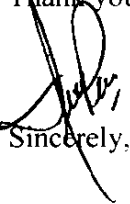
To whom it may concern:

RE: COHIBA, INC. CORPORATE REINSTATEMENT

Please be advised that we mailed the annual report to you in March 2006 along with the payment that you received and cashed (see attached). We were not aware that a correction notice was mailed to us. The post office failed to deliver this notice to us.

Attached in signed reinstatement form. We respectfully request that you wave any late filing penalties. I hope this resolve this matter, I would appreciate it very much if you can please reinstate the corporation as soon as possible.

Thank you.



Sincerely,

Irma Pena