

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000005970

1. Entity Name
COHIBA, INC



Principal Place of Business
1715 S. FEDERAL HWY.
DELRAY, FL 33483

Mailing Address
1715 S. FEDERAL HWY.
DELRAY, FL 33483

FILED
06 OCT 26 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
7440 LAKE WORTH RD.
Suite, Apt. #, etc.

3. Mailing Address
7440 LAKE WORTH RD.
Suite, Apt. #, etc.

10232006 REIN-P CR2E098 (11/05) 06

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

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LAKE WORTH, FL.
Zip 33467 Country PALM BEACH

4. FEI Number
65-0807387
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 FL Zip Code

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 _____ (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.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/06 561-296-7656
Date Daytime Phone #

October 23, 2006

Division of Incorporations

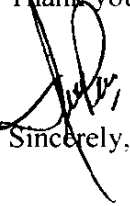
To whom it may concern:

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.

A handwritten signature in black ink, appearing to be "Irma Pena", written over the word "Sincerely,".

Sincerely,

Irma Pena