

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 24 PM 3:45

DOCUMENT # P98000067712

1. Corporation Name BTC Cigars & Humidors, Inc.

2. Principal Office Address
4866 Huntington St. N.E.

3. Mailing Office Address
4866 Huntington St. N.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

Zip 33703 **Country** USA

Zip 33703 **Country** USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida 08/03/98

5. FEI Number 59-3547201

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Bruce A. Turner

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

4866 Huntington St. N.E.

Suite, Apt. #, Etc.

City St. Petersburg

State FL **Zip Code** 33703

500003291195-5
-06715700-01064-003
****908.75 ****908.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Bruce A. Turner
REGISTERED AGENT MUST SIGN

Date 5-19-00

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P,V,S,I	Bruce A. Turner	4866 Huntington St. N.E.	St. Petersburg, FL 33703

10. 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:

Bruce A. Turner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-19-00 (727) 888-1884
Date Daytime Phone #