

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000082321

1. Corporation Name

DAILY NEWS SMOKE SHOP, INC.

Principal Place of Business

6773 LAS COLINAS COURT
LAKE WORTH FL 33462

Mailing Address

6773 LAS COLINAS COURT
LAKE WORTH FL 33462

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

09/23/1998

5. FEI Number

60-22-18923

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DRISCOLL, RACHEL A	6773 LAS COLINAS COURT	LAKE WORTH FL 33462

300003029943--9
-11/01/99--01010--003
***150.00 ***150.00

8. Name and Address of Current Registered Agent

DRISCOLL, RACHEL A
6773 LAS COLINAS COURT
LAKE WORTH FL 33462

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-18-99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-18-99

Daytime Phone #

(561) 616-3346

Oct 18, 1999

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Dear Sir:

I sent in my check to your
dept. months ago for the renewal
of my Corporation called
Daily News Smoke Shop Inc.
When I received this renewal
notice I did not know what
it was for so I called the
number on it and spoke to
someone in your dept about
where the error is. But she
told me that you never
received my check or the
renewal form. I have called
my bank the check did not
go thru and put a post payment
on it. I know that this
and my report is due in
May of each year and I will
make ~~sure~~ sure from now
on that I send it registered
with a return receipt so I
know you have received it.
I would greatly appreciate
it if at this time you would
accept this renewal

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Payment. I know that if
you do and this should
happen again that you will
not forget it again.

Thanking ^{you} in advance for
the consideration. It is
greatly appreciated.

Sincerely

Paul H. Russell