

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
02 FEB -6 PM 4:21

DOCUMENT # P99-000052812

1. Corporation Name

AVILA CIGARS CORPORATION

200004911982--7
-02/12/02--01059--027
***308.75 ***308.75

2. Principal Office Address

4445 W 16 AVENUE

Suite, Apt. #, etc.

SUITE 308

City & State

HALEAH, FL

Zip

33016

Country

USA

3. Mailing Office Address

8004 NW 154 ST

Suite, Apt. #, etc.

PMB 182

City & State

MIAMI LAKES, FL

Zip

33016

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/1999

5. FEI Number

650928483

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

RAFAEL NODAL

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

8275 NW 158 TERRACE

Suite, Apt. #, Etc.

City

MIAMI LAKES

State

FL

Zip Code

33016

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

Rafael Nodal

REGISTERED AGENT MUST SIGN

Date 2/4/02

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
PRES	RAFAEL NODAL	8275 NW 158 TERRACE	MIAMI LAKES, FL 33016
V.PRES	HENRY J. BISCHOFF	1170 HIATUS RD	PEMBROKE PINES, FL 33026

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:

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

Date

2/4/02 305-725-0098

Daytime Phone #

CR2E081 (8/01)