

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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CORPORATION REINSTATEMENT



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

DOCUMENT # P99-000052812

1. Corporation Name
AVILA CIGARS CORPORATION

2. Principal Office Address 4445 W 16 AVENUE		3. Mailing Office Address 8004 NW 154 ST	
Suite, Apt. #, etc. SUITE 308		Suite, Apt. #, etc. PMB 182	
City & State HIALEAH, FL		City & State MIAMI LAKES, FL	
Zip 33016	Country USA	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 \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

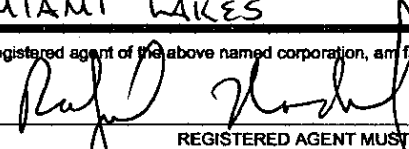
Name **RAFAEL NODAL**

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.

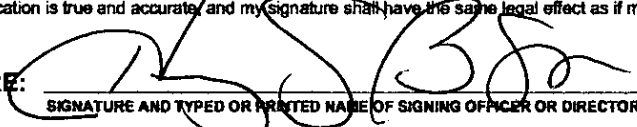
Signature of Registered Agent  Date **2/4/02**

REGISTERED AGENT MUST SIGN

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:  Date **2/4/02** Daytime Phone # **305-725-0098**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (8/01)