

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

Blair

DOCUMENT # **P99000056165**

1. Corporation Name

TABAC CORPORATION

00 OCT 18 AM 7:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

7538 N.W. 59TH WAY
PARKLAND FL 33067

7538 N.W. 59TH WAY
PARKLAND FL 33067

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/18/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0940107

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	ROVNER, ADAM	7538 N.W. 59TH WAY	PARKLAND FL 33067
			000003446640--9
			-11/01/00-01039-009
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HENSCHEL, ANDREW S ESQ.
HENSCHEL & HENSCHEL, P.A.
951 N.E. 167TH STREET, STE. 205
N. MIAMI BEACH FL 33162

Name

Adam Rovner

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

7538 NW 59TH WAY

Suite, Apt. #, Etc.

City

Parkland

State

Zip Code

FL

33067

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature] SIGNATURE REQUIRED

Date 1-26-00

REGISTERED AGENT MUST SIGN

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Adam Rovner 1-26-00 954-257-1511

CR2E040 (8/00)

TABAC CORPORATION
7538 NW 59TH WAY
PARKLAND, FL 33067

OCTOBER 16, 2000

DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE FL 32314

RE: TABAC CORPORATION
P99000056165

TO WHOM IT MAY CONCERN:

WITH REGARD TO THE ABOVE THIS IS TO ADVISE THAT I NEVER RECEIVED THE FIRST NOTICE OF THE ANNUAL REPORT FILING. I SUSPECT THAT MY REGISTERED AGENT NEVER FOWARDED IT OFF TO US. ACCORDINGLY WE ARE ENCLOSING A CHECK IN THE AMOUNT OF \$150 COVERING THE REQUIRED FEE. WE TRUST WE WILL NOT BE BILLED FOR THE PENALTY AMOUNT. I HAVE CHANGED THE REGISTERED AGENT TO MY OWN ADDRESS TO PREVENT THIS FROM HAPPENING AGAIN.

THANK YOU IN ADVANCE FOR YOU COOPERATION.

VERY TRULY YOURS,
TABAC CORPORATION


ADAM ROVNER, PRESIDENT