

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 JUN -7 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P99000056363  
CIGAR NETWORK CORP

2. Principal Office Address

605 BELVEDERE RD

Suite, Apt. #, etc.

STE 18

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

City & State

Zip

33405

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

6-30-89

5. FEI Number

65-0935877

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

100005868251

8

Name

DARRELL PETERSON

-06/19/02--01069-

016

\*\*\*\*\*300.00 \*\*\*\*\*300.00

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

605 BELVEDERE ROAD STE 18

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33405

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

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
D/D	DARRELL PETERSON	605 BELVEDERE RD	STE 18 W.P.B. FL
D	AMY SORGIE	605 BELVEDERE RD	STE 18 WPB 33405
D/S	GARETH WHITEHEAD	605 BELVEDERE RD	STE 18 WPB, FL
		01-02	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 10, 2002

Date

Daytime Phone #

5618327072

CR25001 (9/01)