

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 03 OCT 14 PM 2:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000105360**

1. Corporation Name
OPTIMA TOBACCO CORP.

Principal Place of Business	Mailing Address
15 EAST SUNRISE AVENUE CORAL GABLES FL 33133	15 EAST SUNRISE AVENUE CORAL GABLES FL 33133



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

2. New Principal Office Address, If Applicable <i>1611 NW 82nd Ave</i>	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 11/30/1999
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0967419
City & State <i>MIAMI, FL</i>	City & State	Applied For Not Applicable
Zip <i>33126</i>	Country <i>USA</i>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	MAKEPEACE, R. DENNIS	7621 LITTLE AVENUE SUITE 200	CHARLOTTE NC 28226
P	JUDGE, WESLEY JAMES O.	15 E SUNRISE AVE	MIAMI FL 33133

600023768736
 10/13/03--01111--001 **150.00

REINSTATEMENT 03 TS

8. Name and Address of Current Registered Agent JUDGE, JAMES O 15 EAST SUNRISE AVENUE CORAL GABLES FL 33133	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
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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. or 617.0505, F.S.

Signature of Registered Agent: *[Signature]* Date: 10/10/03
 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]* **JAMES O. JUDGE** 10/10/03 305-746-0300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

15 E Sunrise Ave
Coral Gables, FL 33133
Tel: (305) 740-0300
Fax: (305) 740-0315
Email: jojudge@attbi.com

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Optima Tobacco Corp.

October 10, 2003

Florida Department of State
Division of Corporations
Annual Report / Reinstatement Section

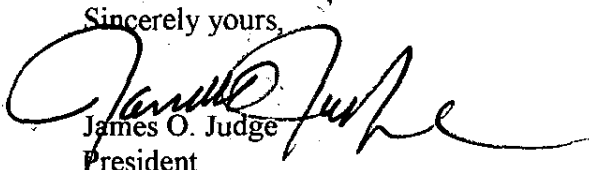
Dear Sir:

This letter is to request the immediate reinstatement of our company, Optima Tobacco Corp. as a legal Florida-registered corporation. Attached is the completed application and a check for the filing fee of \$150.00

We request that the reinstatement fee be waived, as we have not received the two prior business report (UBR) forms. This notice is the first we have received at all.

Thank you for your kind assistance.

Sincerely yours,


James O. Judge
President