


1082
02/23/04 9045 006
*150.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR -2 AM 8:00

DOCUMENT # P98000088917

1. Corporation Name

CIGARS BY MARIO, INC.

2. Principal Office Address

11612 N. Kendall Dr

3. Mailing Office Address

11612 N. Kendall Dr.

Subs. Apt. #, etc.

Subs. Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

Country

33176

USA

Zip

Country

33176

USA

REINSTATEMENT 03-04

10/17/03 01031 028 *150.00

4. Date Incorporated or Qualified To Do Business in Florida

10/13/98

5. FBI Number

65-0873189

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

40.75 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Bruce Newman, CPA

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

12515 N. Kendall Dr. #314

Subs. Apt. #, etc.

City

Miami,

State
FL

Zip Code
33156

MRB

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0503, F.S.

Signature of Registered Agent

Bruce Newman CPA

REGISTERED AGENT MUST SIGN

Date

3/2/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Mario Sirulnik	11612 N. Kendall Dr.	Miami, FL 33176

10. I certify that I am an officer or director of 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)(f), 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

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-04

Date

City/State/Phone #

STATE REVENUE

Apr. 7. 2004 10:47AM

292 No. 3959 P. 2

SHENKMAN & NEWMAN, C.P.A., P.A.
Certified Public Accountants
12515 North Kendall Drive, Suite 314
Miami, Florida 33186-1870
Telephone: 305-271-8585 Fax: 305-271-8877
305-271-9298

PHILIP SHENKMAN, C.P.A.
BRUCE NEWMAN, C.P.A.

March 8, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

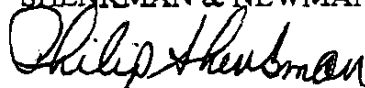
Re: Cigars By Mario, Inc.
FEI: 65-0873189

Dear Sir/Madam:

Enclosed please find the above referenced reinstatement form. Payment for this form has already been paid twice (1 check attached, the other check # 1466 has still not been returned). Please be advised that the taxpayer never received the original 2003 Uniform Business Report and it did not come to our attention until late in the year that they had been dissolved. As soon as it was noticed they immediately filed and mailed in their payment. We are requesting that you abate all penalties and reinstate Cigars By Mario, Inc.

If you have any questions, please contact my office.

Sincerely,
SHENKMAN & NEWMAN, C.P.A., P.A.



Philip Shenkman
Certified Public Accountant

PS/kmd

Enclosures
CC: Cigars By Mario, Inc.

Member:

American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants
Nevada Institute of Certified Public Accountants