## 2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROV. AND

**DOCUMENT # P02000047233** 

06 SEP 21 PH 2: 21

1. Entity Name ALL-MART DOLLAR STORES, INC.

SECRETARY OF STATE TALL AHASSEE, FLORIDA

Principal Place of Business Mailing Address

928 SQUTH . Lake Worth		P.O. BOX 343612 Florida City, Fl. 33034							
5 Din-1-10	0								
2. Principal Place of Business  3. Mailing Address  3. Tell  3. Mailing Address  3. Tell  4.			sacoladi			E1	<b>64</b> 01 <b>46</b> 0 <b>6</b> 00 1		
Suite, Apt. #, etc. Suite, Apt. #, etc.			114000		09192006	REIN-P	CR2E	098 (11/05)	
City & State City & State			4. FEI Nun					<u> </u>	plied For
Zip Country Zip			Country	intry \$9.75 A			\$8.75 Add	t Applicable	
3341	60 USA	33405	454	<del>}</del>		of Status Desired		Fee Required	
	6. Name and Address of Current F	Registered Agent	Name		7. Name and Address of New Registered Agent				
GUERRIE	R, JEAN		-75	<u>, ç ,</u>	<u> </u>	<u>cerre</u>			
	H J STREET		Street A	ddress (I	P.O. Box Numb	per is Not Accepta		e.)	
LAKE WORTH, FL 33460									
			City		<u> </u>		FL	Zip Code	. /- 0
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or	r register	ed agent, or bo	oth, in the State of		-   < < \	and accept
the obligat	ions of registered agent.		c)	Á,			201 2		_
SIGNATURE.	Signature, hyped or printed name of registered agent as	od title if englise ble (NOTE: I	Registered Agent sign		<u> 1821   1829</u>	<u> </u>	DATE	7104	<i>-</i>
						<u>"</u>	DATE		
	LE NOW!!! FEE IS \$150.00 nuary 1, 2007, Fee will be \$300.00	•				In accordance corporation d	e with s. 60 lid not receiv	7.193(2)(b), i ve the prior n	F.S., the otice.
10.	OFFICERS AND [	DIRECTORS	11.		ADDITIONS	/CHANGES/TO C	FFICERS AN	D DIRECTORS	SIN 11
TITLE	PT	☐ Delete	IIITE	PT		1:00		☐ Change	☐ Addition
NAME STREET ADDRESS	HENDRIX, LISA 928 SOUTH J STREET		NAME Street address		とりに、イ	2005ac	010-7	ے د نہ	
CITY-ST-ZIP	LAKE WORTH, FL 33460		CITY-ST-ZIP	1		-nc~ F			•
TITLE	VS	☐ Delete	TITLE	-		1.12		☐ Change	Addition
NAME Street address	HALDANE, HALWYN 928 SOUTH J STREET		NAME STREET ADDRESS			00090		046	
CITY-ST-ZIP	LAKE WORTH, FL 33460		CITY-ST-ZIP		09/2	7/05010:	52004	**150 <b>.</b>	99
TITLE		☐ Delete	TITLE		•			☐ Change	☐ Addition
NAME CYPTEY LOOPERS			NAME			00080		046	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		09/2	7/060109	52005	* <b>*</b> 8.75	
TITLE		☐ Delete	TITLE				·	☐ Change	Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			Street address City-St-Zip						
TITLE		☐ Delete	TITLE	-			*	☐ Change	☐ Addition
NAME			NAME						_
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME		LI Verie	NAME					TT Originale	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY+ST-ZIP	l					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06 Daytime Phone #