


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000092735


1. Entity Name
ADRIANA DOLLAR DISCOUNT, CORP.



FILED
08 OCT 27 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1518 W FLAGLER STREET MIAMI, FL 33135 US	Mailing Address 1518 W FLAGLER STREET MIAMI, FL 33135 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



REINSTATEMENT
09302008 REIN-PTEN CR2ED98 (1/07) 08

4. FEI Number	Applied For
	Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ENRIQUEZ, CARLOS
1618 W FLAGLER STREET
MIAMI, FL 33135

7. Name and Address of New Registered Agent

Name **Stephanie D. Castro**

Street Address (P.O. Box Number Not Acceptable)
1518 West Flagler Street

City **Miami** FL Zip Code **33135**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Stephanie Castro* DATE: **09/30/2008**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	NAME ENRIQUEZ, CARLOS <input checked="" type="checkbox"/> Delete
STREET ADDRESS	1618 W FLAGLER STREET
CITY - ST - ZIP	MIAMI, FL 33135
TITLE	NAME <input type="checkbox"/> Delete
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME <input type="checkbox"/> Delete
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME <input type="checkbox"/> Delete
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME <input type="checkbox"/> Delete
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME Stephanie D. Castro <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1518 West Flagler Street
CITY - ST - ZIP	Miami, FL 33135
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	

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.

SIGNATURE: *Stephanie Castro* DATE: **09/30/08** (305) 403-7431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #