

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000005022 1. Entity Name A & M DOLLAR STORE INC.					
Principal Place of Business 8876 S.W. 24TH ST. MIAMI, FL 33165			Mailing Address 8876 S.W. 24TH ST. MIAMI, FL 33165		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-0040041	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MALDONADO, DIANA A 4472 SW 136 PLACE MIAMI, FL 33175				7. Name and Address of New Registered Agent Name CRISTOBAL REYES Street Address (P.O. Box Number is Not Acceptable) 11205 SW 189 TERRA. City Miami FL Zip Code 33157	
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:					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD MALDONADO, DIANA 4472 SW 136 PLACE MIAMI, FL 33175	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cristobal Reyes. 11205 SW 189 terra. Miami FL 33157	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MALDONADO, DIANA 4472 SW 136 PLACE MIAMI, FL 33175	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. OVIDIA O. SANABRIA 11205 SW 189 terra Miami FL 33157	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000096370420 04/10/07--01046--007 **\$300.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



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