

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 22 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000000739

1. Corporation Name

DOLLAR DISCOUNT STORES OF AMERICA, INC.

Principal Place of Business

Mailing Address

1362 NAAMANS CREEK ROAD
BOOTHWYN PA 19061

1362 NAAMANS CREEK ROAD
BOOTHWYN PA 19061

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/2002

5. FEI Number

23-2467462

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	COHEN, RONALD	1362 NAAMANS CREEK ROAD	BOOTHWYN PA 19061
V	COHEN, BENJAMIN	1362 NAAMANS CREEK ROAD	BOOTHWYN PA 19061
S	HAMILTON, CINDY	1362 NAAMANS CREEK ROAD	BOOTHWYN PA 19061
PCD	COHEN, PAUL	1362 NAAMANS CREEK ROAD	BOOTHWYN PA 19061
V	FRYER, BONNIE	1362 NAAMANS CREEK ROAD	BOOTHWYN PA 19061

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

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:

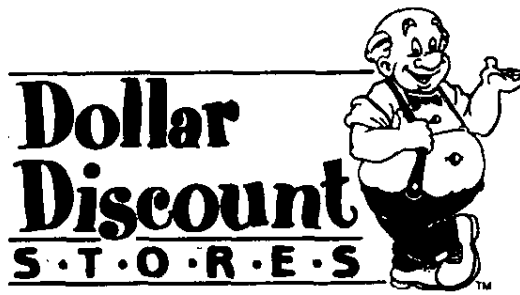
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARLO J. SILVESTRI

Date

Daytime Phone #

10/10/03 610-497-1991 X240

CR2E040 (7/03)



Corporate Office • 1362 Naamans Creek Road, Boothwyn, PA 19061 • Phone (610) 497-1991 • (800) 227-5314
Fax (610) 485-6439 • <http://www.dollardiscount.com> • info@dollardiscount.com

October 13, 2003

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

RE: Dollar Discount Stores of America, Inc.
Document # F02000000739

Dear Sir or Madam:

We are in receipt of your notice of administrative dissolution. We mailed a check for \$150.00 and the 2003 UBR application on January 27, 2003 (copy enclosed). Apparently, the check never cleared our bank. Please find enclosed a replacement check for \$150.00 and our file copy of the UBR application.

We also request that you do not charge the corporation a \$600.00 reinstatement fee since the original copy of the UBR report was timely filed and paid.

Thank you for your review and assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Carlo J. Silvestri".

Carlo J. Silvestri
CFO