APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

00 SEP 29 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 2000

DO NOT WRITE IN THIS SPACE

DOCUMENT # F97000004000

1. Corporation Name
DOLEX DOLLAR EXPRESS, INC.

Principal Place of Business	Mailing Address
700 Highlander Blvd. Suite 450 Arlington, TX 76015	700 Highlander Blvd. Suite 450 Arlington, TX 76015

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 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
July 30, 1997

5. FEI Number
742791872

Applied For ☐
Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City/State/Zip
CEO	RAUL LIMON	700 HIGHLANDER BLVD. SUITE 450	ARLINGTON, TX 76015
COO	GERARDO GONZALEZ	700 HIGHLANDER BLVD. SUITE 450	ARLINGTON, TX 76015
Secretary	ENRIQUE VILLASENOR	700 HIGHLANDER BLVD. SUITE 450	ARLINGTON, TX 76015
CFO	JOSE SALINAS	700 HIGHLANDER BLVD. SUITE 450	ARLINGTON, TX 76015
CCO	JORGE NAVA	700 HIGHLANDER BLVD. SUITE 450	ARLINGTON, TX 76015
DIRECTOR	SERGIO LARA	700 HIGHLANDER BLVD. SUITE 450	ARLINGTON, TX 76015

8. Name and Address of Current Registered Agent

C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc. LS

City | State FL | Zip Code

CR2E040 (12/95)

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.

Signature of Registered Agent: Connie Bryan — CONNIE BRYAN SPECIAL ASSISTANT SECRETARY   Date: September 29, 2000
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [ ] (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: ______________________ September 29, 2000
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

FL010 - CT System Online