

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L00000003789

1. Entity Name
99CENT STUFF-NORTH MIAMI, LLC



2004 OCT 26 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2004

Principal Place of Business Mailing Address
1801 CLINT MOORE ROAD 1801 CLINT MOORE ROAD
SUITE 247 205 SUITE 247 205
BOCA RATON, FL 33487 BOCA RATON, FL 33487

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

10192004 REIN-LLC CR2E101 (6/04)

4. FEI Number 20-0233210 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
DAVID J. POWERS, P.A. Name
7777 GLADES ROAD Street Address (P.O. Box Number is Not Acceptable)
SUITE 300
BOCA RATON, FL 33434 City FL Zip Code

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN + CEO ZIMMERMAN, RAYMOND 1801 CLINT MOORE ROAD, SUITE 247 205 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BILMES, BARRY 1801 CLINT MOORE ROAD, STE. 205 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Barry Bilmes 10/21/04 561-999-9815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #