

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L00000005364

1. Entity Name

99CENT STUFF - WEST PALM BEACH, LLC



2004 OCT 26 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Mailing Address  
1801 CLINT MOORE ROAD  
SUITE 247 205  
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.  
7777 GLADES ROAD  
SUITE 300  
BOCA RATON, FL 33434

Name

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

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, STE. 205  
BOCA RATON, FL 33487

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CFO  
BILMES, BARRY  
1801 CLINT MOORE ROAD, STE. 205  
BOCA RATON, FL 33487

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

BARRY BILMES 10/21/04 561-999-9815