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SECRETARY OF STATE
TALLAHASSEE, FLORIDA (1/10/04) 99CENT STUFF - CORAL SPRINGS, LLC Principal Place of Business Mailing Address 1801 CLINT MOORE ROAD, SUITE 217 205 1801 CLINT MOORE ROAD, SUITE 217 205 BOCA RATON, FL 33487 BOCA RATON, FL 33487 3. Mailing Address 2. Principal Place of Business Suite, Apt #, etc. ichia i 10192004 REIN-LLC CR2E101 (6/04) 4. FEI Number 0233210 City & State City & State Applied For Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSEN, CARL Street Address (P.O. Box Number is Not Acceptable) 7777 GLADES ROAD, SUITE 300 BOCA RATON, FL 33434 City Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. CHAIRMAN 4 CZO □ Change TITLE ☐ Delete TITLE ☐ Addition ZIMMERMAN, RAYMOND NAME NAME STREET ADDRESS 1801 CLINT MOORE ROAD, SUITE 247 2つち STREET ADDRESS CITY-ST-ZIF BOCA RATON, FL 33487 CiTY-ST-ZIP CEO ☐ Change ☐ Addition TITLE. ☐ Delete TITLE BILMES, BARRY NAME NAME 800042187748 10/26/04--01060--001 **22 STREET ADDRESS 1801 CLINT MOORE RD, STZ. 205 STREET ADDRESS BOCA RATON, FL 33487 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME 2004 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP REINSTATEME ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. Thereby 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.

CITY-ST-ZIP

Jury BAPPY SIGNATURE: AND TYPED O NTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE