

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L00000012264

1. Entity Name  
99CENT STUFF - DEERFIELD, LLC



2004 OCT 26 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1801 CLINT MOORE ROAD, SUITE 217 205  
BOCA RATON, FL 33487

Mailing Address  
1801 CLINT MOORE ROAD, SUITE 217 205  
BOCA RATON, FL 33487

2. Principal Place of Business 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

DAVID J. POWERS, P.A.  
7777 GLADES ROAD, SUITE 300  
BOCA RATON, FL 33434

## 7. Name and Address of New Registered Agent

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

TITLE **Chairman & CEO** ☐ Delete  
NAME ZIMMERMAN, RAYMOND  
STREET ADDRESS 1801 CLINT MOORE ROAD, SUITE 217 205  
CITY - ST - ZIP BOCA RATON, FL 33487

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

TITLE **2004 REINSTATEMENT** ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

## 10. ADDITIONS/CHANGES

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

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

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

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