

# 2004 LIMITED LIABILITY COMPANY

## REINSTATEMENT

DOCUMENT # L00000012426

1. Entity Name  
99CENT STUFF - DELRAY, LLC



2004 OCT 26 PM 3:18

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

3. Mailing Address

REINSTATEMENT

Suite/Apt./#; etc.

City & State

City & State

10192004 REIN-LLC CR2E101 (6/04)

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CHAIRMAN & CEO  
ZIMMERMAN, RAYMOND  
1801 CLINT MOORE ROAD, SUITE 217-205  
BOCA RATON, FL 33487

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

### 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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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

BARRY BILMES

Date

Daytime Phone #

10/21/04 561-999-9815