

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 JAN -6 PM 2:06

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000004635

Name and Mailing Address

0012372 01 AT 0.292 \*\*AUTO T5 0 0615 33440-384725



CLEWISTON 99 CENT STORE, LLC  
125 S. DEAN DUFF  
CLEWISTON FL 33440-3847



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/19/2001	
Principal Place of Business 125 S. DEAN DUFF CLEWISTON FL 33440	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1090192	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent SMITH, SYLVIA M 125 S. DEAN DUFF CLEWISTON FL 33440	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Sylvia M. Smith **SIGNATURE REQUIRED** Date 12/30/03  
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	SMITH, SYLVIA M	125 S. DEAN DUFF	CLEWISTON FL 33440
			400026038234 01/06/04--01003--014 **50.00
			400026038234 01/06/04--01003--015 **100.00
<b>REINSTATEMENT 2003</b>			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager Sylvia M. Smith **SIGNATURE REQUIRED** Date 12/30/03 Daytime Phone # 863-983-6069

Typed or printed name of signing Managing Member/Manager Sylvia M. Smith