

L03000007288

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 OCT 26 PM 3:20

DOCUMENT # L03000007288

1. Entity Name
99CENT STUFF - NORTHLAKE, LLC



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.

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Chairman & CEO
RAYMOND ZIMMERMAN
1801 CLINT MOORE RD., STE. 205
BOCA RATON, FL 33487

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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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

BARRY BILMES

10/21/04 561-999-9815

Date

Daytime Phone #