

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000016607

1. Entity Name
99CENT STUFF - KENDALL, LLC

2004

#14



2004 OCT 26 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WL 11/10/04

REINSTATEMENT

Principal Place of Business
1801 CLINT MOORE RD., STE. 205
BOCA RATON, FL 33487

Mailing Address
1801 CLINT MOORE RD., STE. 205
BOCA RATON, FL 33487



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

POWERS, DAVID J P.A.
7777 GLADES RD., STE. 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 _____ (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
RAYMOND ZIMMERMAN
1801 CLINT MOORE RD., STE. 205
BOCA RATON, FL 33487

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY - ST - ZIP

TITLE
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STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
600042187846
10/26/04--01060--001 **2250.00

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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: BARRY BILMES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10/21/04 561-999-9815