## 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

Principal Place of Business 15325 SW 99 AVE MIAMI, FL 33157  2. Principal Place of Business  Sulte, Apt. #, etc  City & State  Country  Zip  Country  Zip  Country  Zip  Country  5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  Name  POLLARD, SHANI 15325 SW 99 AVE MIAMI, FL 33157  Street Address (P.O. Box Number is Not Access MIAMI, FL 33157  City  8. The above name of entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State the obligations of registered agent.  SIGNATURE  SIGNA	ed S5.00 Additional Fee Required w Registered Agent
DOLLAR BASE PLUS LLC  Principal Place of Business 15325 SW 99 AVE 15325 SW 99 AVE 15325 SW 99 AVE MIAMI, FL 33157  2. Principal Place of Business Sulte, Apt. #, etc.  City & State  In Address (P.O. Box Number is Not Accessed in the obligations of registered agent, or both, in the State the obligations of registered agent, or both, in the State the obligations of registered agent.  SIGNATURE  Gradua In the Company of th	CR2E101 (6/04)  Applied For Not Applicable Fee Required  We Registered Agent
Principal Place of Business  15325 SW 99 AVE MAMI, FL 33157  2. Principal Place of Business  3. Mailing Address 15325 SW 99 AVE MAMI, FL 33157  2. Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc. 12012005 REIN-LLC  City & State City & State City & State Apt. #, etc. 12012005 REIN-LLC  City & State City & State City & State Apt. #, etc. 12012005 REIN-LLC  City & State City & State Address of Current Registered Agent To Name and Address of Name POLLARD, SHANI Street Address of Current Registered Agent To Name and Address of Name POLLARD, SHANI Street Address (P.O. Box Number is Not Accepted Mamily Fluid Street Address	CR2E101 (6/04)  Applied For Not Applicable Solutional Fee Required Sow Registered Agent
Principal Place of Business 15325 SW 99 AVE MIAMI, FL 33157  2. Principal Place of Business Suite, Apt. #, etc.  3. Mailing Address Suite, Apt. #, etc.  4. FEN number City & State  Country Zip Country Zip Country Size 6. Name and Address of Current Registered Agent Name POLLARD, SHANI 15325 SW 99 AVE MIAMI, FL 33157  Street Address (P.O. Box Number is Not Access MIAMI, FL 33157  Street Address (P.O. Box Number is Not Access MIAMI, FL 33157  In accordance with s. 607 193(2)(b), F.S., the limited liability company did not receive the prior notice.  File NOW:: Fee will be \$100.00 In accordance with s. 607 193(2)(b), F.S., the limited liability company did not receive the prior notice.  File MGRM BAILEY, ROBERT SIRET ADDRESS SITE ADDR	CR2E101 (6/04)  Applied For Not Applicable sed S5.00 Additional Fee Required we Registered Agent
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City & State  Country  Country  5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of Name 8. The above named entity stomits this statement for the purpose of changing its registered affice or registered agent, or both, in the State the obligations of registered agent.  SIGNATURE  Gradue, hybrid commentations this statement for the purpose of changing its registered affice or registered agent, or both, in the State the obligations of registered agent.  SIGNATURE  Gradue, hybrid commentations this statement for the purpose of changing its registered affice or registered agent, or both, in the State the obligations of registered agent, or both, in the State the obligations of registered agent, or both, in the State the obligations of registered agent, or both, in the State the obligations of registered agent, or both, in the State the obligations of registered agent, or both, in the State the obligations of registered agent, or both, in the State the obligations of registered agent, or both, in the State the obligations of registered agent, or both, in the State the obligations of registered agent, or both, in the State the obligations of registered agent, or both, in the State the obligations of registered agent, or both, in the State the obligations of registered agent, or both, in the State the obligations of registered agent, or both, in the State the obligations of registered agent, or both, in the State the obligations of registered agent, or both, in the State agent agen	Applied For Not Applicable sed \$5.00 Additional Fee Required tow Registered Agent
City & State  Country  5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  7. Name and Address of Name  Name  POLLARD, SHANI 15325 SW 99 AVE  MIAMI, FL 33157  Street Address (P.O. Box Number is Not Access  City  City  8. The above namped-entity-submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State the obligations of registered agent.  SIGNATURE  GUISSICE Number  City  STREET ADDRESS  GUISSICE Number  7. Name and Address of Not Access  Name  STREET ADDRESS  FILE Now; If FEE IS \$50.00  In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.  FILE NOW; If FEE IS \$50.00  After January 1, 2006, Fee will be \$100.00  In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.  FILE NAME  STREET ADDRESS  CITY-SI-ZIP  AVENTURA, FL 33160  Delete  TITLE  MGRM  MME  STREET ADDRESS  STREET A	Applied For Not Applicable sed \$5.00 Additional Fee Required tow Registered Agent
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11. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statindicated on this report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am a relimited 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 MANAGER, ON AUTHORIZED REPRESENTATIVE Date	
SIGNATURE AND TYPED ON PHINTED NAME OF SIGNAING MARGINGIA MANAGER,	