

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 DEC -3 PM 1:38

DOCUMENT # P00000026885

1. Corporation Name

1 2 3 DOLLAR STORE INC.

2. Principal Office Address - No P.O. Box #

11312 QUAIL ROOST DR

Suite, Apt. #, etc.

3. Mailing Office Address

11312 QUAIL ROOST DR

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33157

Country

USA

Zip

33157

Country

USA

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

03/16/2000

5. FEI Number

65-1107736

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LAZARO BLANCO

Street Address (P.O. Box Number is Not Acceptable)

17997 SW 154 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33187

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **12-02-09**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	LAZARO BLANCO	17997 SW 154 STREET	MIAMI FL 33187
VP	MERCEDES CERVERA	17997 SW 154 STREET	MIAMI FL 33187

10. E-mail Address:

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-02-09

Date

Daytime Phone #