

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000100478 3)))



H090001004783ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : ADVANCE CORPORATE SERVICE, INC.
Account Number : I20070000146
Phone : (305) 406-3800
Fax Number : (305) 406-3999

CORPORATION REINSTATEMENT

NEW 99 STORE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	4000.00

\$300.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000057545

1. Corporation Name

NEW 99 STORE, INC.

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

4010 W 12th AVE

3. Mailing Office Address

4010 W 12 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH FL

City & State

Hialeah FL

Zip

33012

Country

USA

Zip

33012

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/14/2000

5. FEI Number

65-1016583

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Addition of Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LUIS C. BERNAL

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

4010 W 12th AVE

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33012

☒ 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 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

Date 4/24/09

REGISTERED AGENT MUST SIGN

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
PD	LUIS C. BERNAL	4010 W 12th AVE	HIALEAH FL 33012
VP	LILIAM OSTOS	4010 W 12th AVE	HIALEAH FL 33012
T	CARLOS BERNAL	4010 W 12th AVE	HIALEAH FL 33012

10. 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 807.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

4/24/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/09