


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000081164			
1. Corporation Name DOLLAR STORE AT RAMBLEWOOD, INC.			
2. Principal Office Address 1275 N UNIVERSITY DR Suite, Apt. #, etc.		3. Mailing Office Address 1275 N. UNIVERSITY DR Suite, Apt. #, etc.	
City & State CORAL SPRINGS FL		City & State CORAL SPRINGS FL	
Zip 33071	Country U.S.A.	Zip 33071	Country U.S.A.

FILED

02 JUN 14 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001-2002 UBR

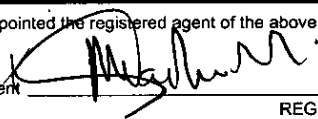
4. Date Incorporated or Qualified To Do Business in Florida 8/8/00	
5. FEI Number 65-1039358	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name MATTHEW MENDES		
Street Address (P.O. Box Number is Not Acceptable) 9150 NW 38th DR		
Suite, Apt. #, Etc. # 302		
City CORAL SPRINGS	State FL	Zip Code 33065

200005380012--6
-06/25/02--01073--011
****300.00 ****300.00

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

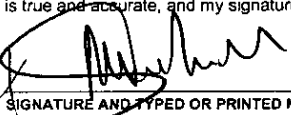
Date 6/11/02

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
PRES	MATTHEW MENDES	9150 NW 38th DR # 302	CORAL SPRINGS FL 33065
			201.25 - AR
			10.00 - ARARTS
			88.75 - ARSUPP

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 607.0401 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 under section 119.07(3)(i), 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/02

Date

Daytime Phone #

CR2001 (9/01)