



By: Oct

50PM PA;

954 961 7837;

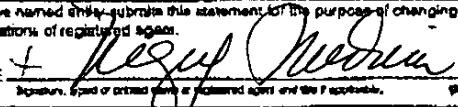
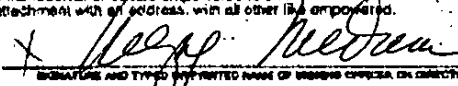
Oct-10-05 11:09AM No. 8166 p. 2/3

**2005 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED

05 OCT 17 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000010488			
1. Entity Name 1 DOLLAR MORE, INC.			
Principal Place of Business 1511 NE 50 CT FT LAUDERDALE, FL 33334		Mailing Address 1511 NE 50 CT FT LAUDERDALE, FL 33334	
II. Principal Place of Business		3. Mailing Address 2716 N.E. 21CT	
Bldg, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State FT. LAUDERDALE FL	
Zip	Country	Zip	Country
33305	E.U.A.		
4. FEI Number 65-1073746		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEDINA, NIGSY 1511 NE 50 CT FT LAUDERDALE, FL 33334		7. Name and Address of New Registered Agent Name MEDINA, NIGSY Street Address (P.O. Box Number is Not Acceptable) 2716 NE 21CT City FT. LAUDERDALE FL Zip Code 33305	
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 		DATE 10-10-05	
FILE NOW!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.103(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDINA, NIGSY 1511 NE 50 CT FT LAUDERDALE, FL 33334 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEDINA, NIGSY 2716 NE 21CT FT. LAUDERDALE, FL 33305 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700060687231 10/17/05--01068--023 **150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	05 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE: 10-10-05	