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	Mailing Address
1511 NE 50 CT FT LAUDERDALE, FL 33334	1511 NE 50 CT FT LAUDERDALE, FL 33334

10102005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2716 N.E. 21CT Suite, 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	7. Name and Address of New Registered Agent
MEDINA, NIGSY 1511 NE 50 CT FT LAUDERDALE, FL 33334	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: + Nigsy Medina x 10-10-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $200.00

In accordance with s. 607.193(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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: + Nigsy Medina x 10-10-05
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #