

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
09 MAY 21 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000080566

1. Corporation Name

DOLLAR TOLEDO, INC.

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

555 SW 8TH STREET

3. Mailing Office Address

555 SW 8TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33130

Country

Miami-Dade

Zip

33130

Country

Miami-Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

08/16/2001

5. FEI Number  
65-1136687

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  
HILDINA TOLEDO

Street Address (P.O. Box Number is Not Acceptable)  
555 SW 8TH STREET

Suite, Apt. #, Etc.

City  
Miami

State  
FL

Zip Code  
33130

☒ 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

Date 05-20-2009

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
PSD	HILDINA TOLEDO	555 SW 8TH STREET	Miami, FL 33130

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 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:

*Hildina Toledo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-20-09

Date

305-860-0068

Daytime Phone #

52291