

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000108199

1. Entity Name
DOLLAR CITY INC.



Principal Place of Business
3206 W BROWARD BLVD
FT LAUDERDALE, FL 33312

Mailing Address
3206 W BROWARD BLVD
FT LAUDERDALE, FL 33312

FILED
04 NOV 12 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 2004

4. FEI Number
65-1154430

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

CONLIFFE, JACQUELINE
2781 SW 4TH CT
FORT LAUDERDALE, FL 33312

Name

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

City

FL

Zip Code

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

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, 2005, Fee will be \$300.00

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
CONLIFFE, JACQUELINE
2781 S.W. 4TH COURT
FT LAUDERDALE, FL 33312

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200042699142
11/12/04--01068--004 **158.75

☐ Change ☐ Addition

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☐ 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)(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:

Jacqueline Conliffe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/04

Date

954 587-6040

Daytime Phone #