

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

B3-1/2
FILED
 04 MAY -5 AM 11:51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**CORPORATION
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P02000082990

1. Corporation Name

DOLLAR KINGDOM, INC
 19104 SW 60TH COURT
 PEMBROKE PINES, FL 33332

2. Principal Office Address

19104 SW 60TH COURT

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

33332

Country

USA

3. Mailing Office Address

19104 SW 60TH COURT

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

33332

Country

USA

REINSTATEMENT *B3*

500035537115

05/05/04--01051--027 **300.00

**4. Date Incorporated or Qualified
 To Do Business in Florida**

5. FEI Number
 82-0556778

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
 LABIB BALTAGI

Street Address (P.O. Box Number is Not Acceptable)
 701 NE 125TH STREET

Suite, Apt. #, Etc.

City
 NORTH MIAMI

State **Zip Code**
FL 33161

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 *Labib Baltagi*

Date 04-30-2004

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
PD	WAHIB ABDIN	19104 SW 60TH COURT	PEMBROKE PINES, FL 33332

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)(l), 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: *U. P. H. H. H.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-2004 *3057936321*
 Date Daytime Phone #

CR2E081 (01/04)

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04/30/2004

TO: Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

From: Dollar Kingdom Inc.

Re: Corporation Reinstatement for "Dollar Kingdom Inc, EIN 82-0556778, Document # P02000082990

To Whom It May Concern:

Per our telephone conversation about the corporation reinstatement please find attached:

- 1 Reinstatement form
- 2 Check for \$300

This delay was due to non-receipt of the Annual Tax Report due to change of address. Please feel free to call me at 954.434.6859 if I could be of any further assistance.

Sincerely,



Wahib Abdin
19104 SW 60th Court
Pembroke Pines, FL 33332