2005 FOR PROFIT CORPORATION REINSTATEMENT

	REINSTA	TEMENT				25 E/			
DOCUMENT # P02000092395					250	APP	80		
TATYS 99 CENT DISCOUNT PLUS. INC					ALLA	75 APR 6 1/4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	W >: 2		
Principal Place of Business Mailing Address			, l==.			(C)	-1-		
2050 WEST 56 ST #17 HIALEAH GARDEN, FL 33016		2050 WEST 56 ST #17 HIALEAH GARDEN, FL 33016		RE	NSTA	TEW?	\$ _S	1-05	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03152005	REIN-P	CR2E098 (6/0)4)	
City & State		City & State			4. FEI Numbe			Applied For Not Applicable: -	
Zip j	Country	Zip Cour			5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
RODRIGUEZ, MARIA H 8775 PARK BLVD. #204			Stree	Street Address (P.O. Box Number is Not Acceptable)					
BUILDING MIAMI, FL									
			City				FL Zip C	ì	
8. The above named onlity subspits 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, typey or prize of name of registered agent	and title if applicable. (NOT	E: Registered Agent s	ignature requir	od when reinstating)		DATE		
							_		
Fil	LE NOW!!! FEE IS \$300.00					in accordance of corporation did	vith s_607.193(2)(not reserve the pri	b), F.S., the or notice.	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFF	CERS AND DIRECT	ORS IN 11	
TITLE		☐ Delete	TITLE			E	. D 🗆 🗆	æ ☐ Addition	
NAME STREET ADDRESS	GUEVARA, RENE VICTORIA 1890 WEST 56 STREET, APT 12	11 <i>E</i>	NAME OTREET LODGE			Ī	海为人	n :	
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CITY-ST-ZIP			CITY-ST-ZIP						
iz. I nereby of indicated — for the for changed.	certify that the information supplied with on this report or supplemental report is poration or the receiver of trusted empo or on an attachment with an address.	this filing does not qualify for true and accurate and that re- port to execute this report with all other like empowered	r the exemption s ny signature shal as required by 6	tated in Sec I have the s hapter 607	ction 119.07(3)(i) same legal effect . Florida Statutes	, Florida Statutes. I as if made under o and that my name	further certify that the path; that I am an office appears in Block 10	e information cer or director or Block 11 if	
		Juli Sil Sil Sil Sil Sil Sil Sil Sil Sil S	•						
SIGNATURE: SIGNATURE AND PRED OF PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR DATE OF D									

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