

2005 FOR REINSTATEMENT

APPROVED
AND
FILED

05 MAR 14 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03102005 -- REIN-P -- CR2E098 (6/04) --

MRD

DOCUMENT # P03000065257

1. Entity Name
DOLLAR MART LARGO, INC.



Principal Place of Business
12981-87 WALSINGHAM RD
LARGO, FL 33774

Mailing Address
12981-87 WALSINGHAM RD
LARGO, FL 33774

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country Zip Country

6. Name and Address of Current Registered Agent
PATEL, KAMLESH
12981-87 WALSINGHAM RD
LARGO, FL 33774

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number, if applicable)
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 *G. Patel* DATE *3/10/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relocating)

FILE NOW!!! FEE IS \$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 10		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PATEL, GIRISH		NAME		
STREET ADDRESS	12981-87 WALSINGHAM RD		STREET ADDRESS		
CITY-STATE-ZIP	LARGO, FL 33774		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(f), 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: *G. Patel* DATE: *3/10/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)