## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 NOV -8 PM 2: 09 FLORIDA DEPARTMENT OF STATE **CORPORATION** Secretary of State SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # P03000092003 1. Corporation Name AFC DOLLAR STORE INC. REMISTATEMENT 2. Principal Office Address 3. Mailing Office Address 29621 SW 162 AVENUE 29621 SW 162 AVENUE Suite, Apt. #. etc. Suite. Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida 08/21/2003 City & State City & State 5. FEI Number Applied For HOMESTEAD, FLORIDA HOMESTEAD, FLORIDA 20-0166298 Not Applicable Ζip Country Country \$8.75 Additional Fee require 33033 33033 USA USA CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Name and Address of Current Registered Agent Name FABIAN, ALEJANDRA Street Address (P.O. Box Number is Not Acceptable) 18203 SW 144 PL Suite, Apt. #, Etc. City MIAMI Zip Code 33177 State FL 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 11/03/2004 Registered Agent 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip **PVST** FABIAN, ALEJANDRA 18203 SW 144 PL MIAMI, FLORIDA 33177 11/08/04--01046--015 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

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 filling 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)(i), 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:

SIGNATION AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/03/2004

Date

Daytime Phone #

Homestead, Florida November 2004

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Fl 32302-1500

Re:

P03000092003

-AFC DOLLAR STORE INC.\_

29621 SW 162 AVENUE HOMESTEAD, FL 33033

To Whom It May Concern:

Upon our conversation, I am enclosing the 2004 Corporation Annual Report form after due date (05/01/2004) due to the fact that I never received such notice to file. Enclose is a payment of \$150.00 dollars per your request.

Please be so kind to waive any late fees that I might have and to put this corporation in its current status.

Thank you for your help and I hope that this can solve this matter and avoid further penalties.

Respectfully,

A**LE**JANDRA FABIAN

PRESIDENT