

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

182

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 JUL 31 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000108206

1. Corporation Name

MIAMI 99 CENTS STORE, INC

REINSTATEMENT 04-06

2. Principal Office Address

8896 NW 7th AVE

Suite, Apt. #, etc.

3. Mailing Office Address

19451 SW 39th ST

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIRAMAR, FL

Zip

33150

Country

DADE

Zip

33029

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

SEPT 30, 2003

5. FEI Number

20-0276926

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MOWZIZ TYREWALLA

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

17011 NW 23rd ST, PEMBROKE PINES, FL

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33028

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

REGISTERED AGENT MUST SIGN

Date

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 |
|---------|--------------------------------------|---------------------------------------------------|--------------------------|
| P | AZIZ CHARANIA | 19451 SW 39th ST | MIRAMAR FL 33029 |
| OFFICER | MOWZIZ TYREWALLA | 17011 NW 23rd ST | PEMBROKE PINES, FL 33028 |
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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 contained in Chapter 119, 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:

MOWZIZ TYREWALLA (OFFICER) 7/26/06

305-725-0093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

To
Department of State
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Dear Sir/Madam

This letter is in reference to the request to waive the reinstatement fees due to the fact that we never received the annual report notices in the year of dissolution/revocation. (2004)
Attached with this request is the corporation reinstatement form for the following corporation.

Miami 99 Cents Store, Inc. (P03000108206)
Mailing Address: 19451 SW 39 Street
Miramar, FL 33029

Thank you for your kind consideration

Mowziz Tyrewalla (OFFICER)
Mowziz Tyrewalla
(Registered Agent/Officer)
305-725-0093 (ACEL)
7/26/06