

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000046919

1. Entity Name
DOLLAR STORE AND MORE, INC.,



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 19 PM 2:52

Principal Place of Business
277 SW PORT SAINT LUCIE BLVD.
PORT SAINT LUCIE, FL 34984 US

Mailing Address
277 SW PORT SAINT LUCIE BLVD.
PORT SAINT LUCIE, FL 34984 US

REINSTATEMENT 05



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10142005 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOOKNANAN, KRISHNA SR.
3301 SW CRESTVIEW ROAD
PORT SAINT LUCIE, FL 34953

Name

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$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 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SOOKNANAN, KRISHNA SR.
3301 SW CRESTVIEW ROAD
PORT SAINT LUCIE, FL 34953 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700060773697
10/19/05--01050--016 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SOOKNANAN, INDIRA MRS.
3301 SW CRESTVIEW ROAD
PORT SAINT LUCIE, FL 34953 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/05

Date

Daytime Phone #