


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000082168 1. Entity Name A & A DOLLAR PLUS, INC.	
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FILED

05 DEC 16 2005


REINSTATEMENT

T. Roberts DEC 20 2005

Principal Place of Business 6510 W. ATLANTIC BLVD. MARGATE, FL 33063	Mailing Address 6510 W. ATLANTIC BLVD. MARGATE, FL 33063
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2. Principal Place of Business 2415 NE 8th Road Suite, Apt. #, etc.	3. Mailing Address 2415 NE 8th Road Suite, Apt. #, etc.
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City & State Ocala, Florida	City & State Ocala, Florida	4. FEI Number 05-1226705	Applied For Not Applicable
Zip 34470	Country USA	Zip 34470	Country USA



12082005 REIN-P CR2E098 (6/04)

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

6. Name and Address of Current Registered Agent TENORIO, ANGELA 6510 W. ATLANTIC BLVD. MARGATE, FL 33063	7. Name and Address of New Registered Agent Name ANGELA TENORIO Street Address (P.O. Box Number is Not Acceptable) 1740 NE 38 ST City OCALA FL Zip Code 34479
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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: *Angela Tenorio* DATE: _____

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

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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST TENORIO, ANGELA 6510 W. ATLANTIC BLVD. MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST TENORIO ANGELA 1740 NE 38 ST OCALA, FL 34479 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TENORIO, ANGELA 6510 W. ATLANTIC BLVD. MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ANGELA TENORIO 1740 NE 38 ST OCALA, FL 34479 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Angela Tenorio* DATE: **12-14-05** DAY/PHONE: **352-84259154**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Phone #

FILED

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TALLAHASSEE, FLORIDA