2010 FOR PROFIT CORPORATION

REINSTATEMENT							
DOCUMENT # P04000082168					FILED		
1. Entity Name A & A DOLLAR PLUS, INC.					10 DEC 17 AM 11: 22		
······································				SECHETARY OF TALLAHASSELF	STATE Enriña	i	
Principal Place of Business 2415 N E JACKSONVILLE ROAD OCALA, FL 34470		Mailing Address 2415 N E JACKSONVILLE ROAD OCALA, FL 34470)			
2. Principal P	flace of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1028REINSTATEMEN	098 (1/07)	[0
City & State		City & State			4. FEI Number 65-1226705		oplied For ot Applicable
Zıp	Country	Zıp	Country		5 Certificate of Status Desired	\$8.75 Add	itional
Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered A	gent	
TENORIO, ANGELA 1740 NE 30 ST OCALA, FL 34479				Street Address (P.O. Box Number is Not Acceptable)			
OCALA, F				CI	Zip Cod	9	
The above named entity submits this statement for the purpose of changing its registers.				City FL Zip Code ad office or registered agent, or both, in the State of Florida. I am familiar with, and accept			
the obligations of registered agent.							
SIGNATURE Signature, typoid or printed name of reg stered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
	E NOW!!! FEE IS \$750.00 nuary 1, 2011, Fee will be \$900.0	0					
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE NAME	PST TENORIO, ANGELA	Delete	TITLE	1	600188789	☐ Change	Addition
STREET ADDRESS	1740 N E 38TH ST		STRE	ET ADDRESS	6001887 85 12/17/100100200	2 ***7	50.00
CITY-ST-ZIP	OCALA, FL 34479 VPD	☐ Delete	TITLE	ST ZIP	non-Anna minima vivi e e e e e e e e e e e e e e e e e	☐ Change	Addition
NAME	TENORIO, ANGELA	Delete	NAM			overigo	
STREET ADDRESS CITY-ST-ZIP	1740 N E 38TH ST OCALA, FL 34479			ET ADDRESS -ST-ZIP			
TITLE		☐ Delete	TITLE	:		☐ Change	Addition
NAME STREET ADDRESS			NAM	E ET ADDRESS			
CITY-ST ZIP				-ST-ZIP			
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAMI STRE	ET ADORESS			
CITY-ST-ZIP			1 1	- ST - ZIP			
TITLE		☐ Delete	TITLE			Change	Addition
NAME STREET ADDRESS			STRE	ET ADDRESS			
CITY-ST-ZIP		_	CITY	- ST - ZIP			
TITLE NAME		☐ Delete	TITLE NAM			Change	Addition
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP				· ST - ZIP			
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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 trustge 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 educacy, with all other like empowered.							
changed, or on an attachment with an experses, with all other like empowered. 352-8405757 SIGNATURE: 12.13.10							
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAID DAID							

12 2 00