


2010 FOR PROFIT CORPORATION REINSTATEMENT

FILED
10 DEC 17 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000082168 1. Entity Name A & A DOLLAR PLUS, INC.	
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Principal Place of Business 2415 N E JACKSONVILLE ROAD OCALA, FL 34470	Mailing Address 2415 N E JACKSONVILLE ROAD OCALA, FL 34470
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



REINSTATEMENT 1028 (1/07) **10**

6. Name and Address of Current Registered Agent	
TENORIO, ANGELA 1740 NE 30 ST OCALA, FL 34479	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	State: 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: *Angela Tenorio* DATE: 12-13-10

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2011, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE	PST TENORIO, ANGELA <input type="checkbox"/> Delete
NAME	1740 N E 38TH ST
STREET ADDRESS	OCALA, FL 34479
CITY-ST-ZIP	
TITLE	VPD TENORIO, ANGELA <input type="checkbox"/> Delete
NAME	1740 N E 38TH ST
STREET ADDRESS	OCALA, FL 34479
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600188785736
STREET ADDRESS	12/17/10--01002--002 **750.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* **ANGELA TENORIO** DATE: 12-13-10 Daytime Phone # 352-8405954

12/13/10