

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 OCT -1 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09292008 REIN-P CR2E098 (1/07)

DOCUMENT # P07000105C37					
1. Entity Name CUBACELL & DOLLAR PLUS INC					
Principal Place of Business 5455 PALM AVE HIALEAH, FL 33012			Mailing Address 5455 PALM AVE HIALEAH, FL 33012		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 26-1106858	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RAMIREZ, DAVID R SR 6451 COWPEN RD K-112 MIAMI LAKES, FL 33014			Name ADELA HERNANDEZ		
			Street Address (P.O. Box Number is Not Acceptable) 5455 PALM AVENUE		
			City HIALEAH FL Zip Code 33012		
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 <i>Adela H Castellon</i>			ADELA HERNANDEZ		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
DATE			DATE		
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, 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	TITLE	NAME	STREET ADDRESS
	CASTELLON, OSIAL P SR	240 E 58 ST	V/C	CASTELLON OSIAL	5455 PALM AVE
	HIALEAH, FL 33013			HIALEAH FL 33012	
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
	VP	SAMUEL, DAYLIN V		200136580992	10/02/08--01048--008 **150.00
	240 E 58 ST				
	HIALEAH, FL 33013				
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
				PRESIDENT	ADELA HERNANDEZ
				5455 PALM AVE	
				HIALEAH FL 33012	
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
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: <i>Adela H Castellon</i>			ADELA HERNANDEZ		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		

REINSTATEMENT 2008 KS

X 9-29-08 (305) 403-7399