

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 NOV -6 PM 4: 02

DOCUMENT # P07000117751

1. Corporation Name

MARIANNE DOLLAR STORE, INC

600162573826  
11/06/09--01043--003 \*\*300.00

KS

2. Principal Office Address - No P.O. Box #

1199 WEST FLAGLER STREET

3. Mailing Office Address

1199 WEST GLAGLER STREET

Suite, Apt. #, etc.

10

Suite, Apt. #, etc.

10

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33130

Country

Zip

33130

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/26/2007

5. FEI Number  
26-1340313

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
MARIA E. LANDA

Street Address (P.O. Box Number is Not Acceptable)  
7445 SW 19TH TERRACE

Suite, Apt. #, Etc.

City  
MIAMI

State  
FL

Zip Code  
33155

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent X

REGISTERED AGENT MUST SIGN

Date 11/04/2009

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	LANDA MARIA E.	7445 SW 19TH TERRACE	MIAMI FL 33155
V-P	HERNANDEZ ANGEL M.	7445 SW 19TH TERRACE	MIAMI FL 33155

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/04/2009

Date

305-316-1766

Daytime Phone #