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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000083961

1. Corporation Name
OK 99 CENTS, INC.

REINSTATEMENT 02-05

2. Principal Office Address	3. Mailing Office Address
3013 N.W. 7TH STREET	3013 N.W. 7TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33125 Country: U.S.A.	Zip: 33125 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 12/08/1993

5. FEI Number: 65-0453263 ☐ 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: LADISLAO E. HERNANDEZ

Street Address (P.O. Box Number is Not Acceptable): 3013 N.W. 7 STREET

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33125

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: Ladislao E Hernandez
REGISTERED AGENT MUST SIGN

Date: 03/03/2005

CR2E081 (01/05)

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
DP	ARMANDO D. PEREZ	12821 N.W. 11TH ST	MIAMI, FL 33182
DVP	LADISLAO E. HERNANDEZ	3013 N.W. 7 STREET	MIAMI, FL 33125

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 under section 119.07(3)(i), 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: Ladislao E Hernandez LADISLAO E. HERNANDEZ 03/03/2005 305-642-1099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

OK 99 CENTS, INC.

Certificate of Status	0
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