PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

00 MAY -1 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

000003259360--7
-05/13/00--01103--030
****300.00 ****300.00

DOCUMENT # P94000076368

**1.** Corporation Name

DOLLAR STOP, INC.

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 2473 10th Ave. No. | Same |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Lake Worth, FL 33461 | City & State |
| Zip: 33461 Country: Palm Beach | Zip Country |

**4.** Date Incorporated or Qualified To Do Business In Florida 10/18/94

**5.** FEI Number 65-0550516 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: COLIN M. CAMERON, Esquire

Street Address (P.O. Box Number is Not Acceptable): 321 Datura Street

REINSTATEMENT 9400

Suite, Apt. #, Etc.

City: West Palm Beach State: FL Zip Code: 33401

**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 _____ Date 4/27/00

REGISTERED AGENT MUST SIGN

**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/D | Sarla Chabria | 18953 Still Lake Dr. | Jupiter, FL 33458 |
| | | | |
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**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: X _____ 4/27/00 (561) 964-2966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SARLA CHABRIA, President