

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 FEB 23 P 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000080069

1. Corporation Name

HEADQUARTER 99 CENTS STORE, INC

100143189421
02/09/09--01055--014 **\$600.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #
17689 SW 54 ST

3. Mailing Office Address
17689 SW 54 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIRAMAR

City & State
MIRAMAR

Zip
33029

Country
BROWARD

Zip
33029

Country
BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida 05/01/1995

5. FEI Number
650528369

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
AZIZ CHARANIA

Street Address (P.O. Box Number is Not Acceptable)
17689 SW 54 ST

Suite, Apt. #, Etc.

City
MIRAMAR

State
FL

Zip Code
33029

☒ 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

REGISTERED AGENT MUST SIGN

Date 02/05/2009

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
PD	AZIZ CHARANIA	17689 SW 54 ST	MIRAMAR, FL 33029

REINSTATEMENT
05-09

100143189421
02/23/09--01005--002 **\$158.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-01-2009 305-725-0093

Date

Daytime Phone #