

INSTRUCTIONS BEFORE  
FLORIDA DEPARTMENT OF  
Nathaniel Harris  
Secretary of State  
DIVISION OF CORPORATIONS

01 OCT 25 PM 12:41



1. Corporation Name DOLLAR CHAIN AND UP, INC.

Principal Place of Business	Mailing Address
756-SE PARK DRIVE HIALEAH FL 33010	756-SE PARK DRIVE HIALEAH FL 33010



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <b>7904 W. DRIVE</b>		3. New Mailing Office Address, If Applicable <b>7904 W. DRIVE</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>08/08/1996</b>	
Suite, Apt. #, etc. <b>207</b>		Suite, Apt. #, etc. <b>207</b>		5. FEI Number <b>65-0687272</b>	
City & State <b>N. Bay Village FL</b>		City & State <b>N. Bay Village FL</b>		Applied For	
Zip <b>33141</b>		Zip <b>33141</b>		Not Applicable	
Country <b>USA</b>		Country <b>U.S.A.</b>		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	<del>RODRIGUEZ, LUCIA</del>	<del>756 SE PARK DRIVE</del>	<del>MIAMI FL 33010</del>
PD	Rodriguez, Lucia	7904 W. DRIVE #207	NORTH BAY VILLAGE FL 33141
			400004679634--4
			11/14/01 01096-002
			****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent \_\_\_\_\_

**SIGNATURE REQUIRED**

**REGISTERED AGENT MUST SIGN**

Date \_\_\_\_\_

11. 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 **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/01 (786) 554-0898

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October 22, 2001

Dollar Chain & Up  
380 East - 9 st. Bay 6&7  
Hialeah, FL 33010  
Phone (305) 888-8148

Division of Corporations  
Annual Report / Reinstatement Section  
P.O. BOX 6327  
Tallahassee, FL 32314-6327


To whom it may concerned:

By this way we are trying to clear off that this corporation did not received the form to pay on time. The DISSOLUTION OR REVOCATION form was received on October 19, 2001 and by luck this form arrived to our hands. The reason is because your office sent it to a wrong address. The correct address is :

Lucia Rodriguez  
7904 West Drive apt # 207  
North Bay Village, FL 33141

Thanks in advance for your cooperation in this matter.

Truly yours

  
Lucia Rodriguez  
President