2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000039799					F	ILED		
Entity Name DOLLAR SAVINGS, INC.					04 DEC 14 AM 8:51			
Dringing Diggs	Mailing Address	ling Address		SECRETARY OF STATE				
Principal Place of Business Mailing Address 16363 SEGVIA CIRCLE 6550 SW 4 STREET					TALLAHA	SSEE, FLORIDA	4	
FORT LAUDERDALE, FL 33331 PEMBROKE PINES, FL 3			33023			•		
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2. Principal Place of Business 3. Mailing Address								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			12072004 REIN-P	CR2E098	(6/04)	
City & State		City & State			4. FEI Number	art of the state o	Applied For	
NARANJA. FLORIDA		FT. LAUDERDALE, FLORIDA		FLORTON	65-0749996		Not Applicable	
Zip Country		Zip Country		itry	5. Certificate of Status De		.75 Additional	
33032	DADE 6. Name and Address of Current	33331	BRO	WARD	7. Name and Address of		Required	
	b. Name and Address of Content	negistered Agents	<u></u>	Name		New Hegisteres Age:	M. Authorities	
INCORPORATORS PLUS, INC.					NADIR SHALABY Street Address (P.O. Box Number is Not Acceptable)			
	IIVERSITY DRIVE	16363		(P.O. Box Number is Not Acceptable) SEGOVIA CIRCLE				
PLANTATION, FL 33322				3930				
				City FL Zip Code				
FT. LAUDERDALE 33331 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered agent, or both, in the State of Florida.								
the obligations of registered agent.								
12/08/al								
SIGNATURE Of the state of the s								
	E NOW!!! FEE IS \$150.00	00		•	In accord	ance with s. 607.193	3(2)(b), F.S., the e prior notice.	
	OFFICERS AND		11.		ADDITIONS/CHANGES 1	O OFFICERS AND DIE	ECTORS IN 11	
TITLE	D OFFICERS AND	Delete	TITL					
NAME	SHALABY, NADIR	□ Dalete	NAM		7 DDD4 127747040	1338731 1012-000	ַרָּרֶּי ¥¥150.00	
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STREET ADDRESS	6550 SW 4 STREET			EET ADDRESS				
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TITLE	D	☐ Delete	TITL	£			Change Addition	
NAME*	ELAZAJ, ARMANDO		. ' NAN	l l	•		الأرياه سيادي اليحضا	
STREET ADDRESS CITY-ST-ZIP	6550 SW 4 STREET PEMBROKE PINES, FL 33023			EET ADDRESS /-ST-ZIP				
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NAME	SHALABY, EHAB	La Ocide	NAN	1		_		
STREET ADDRESS	16363 SEGOVIA CIRCLE			EET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE, FL 3333		_	/-ST-ZIP				
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NAME			NAA str	AE EET ADDRESS	for ist	, ,		
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP	۲			
12 Lhoraby	I certify that the information supplied wit	th this filing does not qualify	for the exe	emption stated in S	Section 119.07(3)(i), Florida St	atutes. I further certify t	hat the information	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if								
changed	, or on an attachment with an address	with all other like empowere	Ser.	1	. ~	1-1-1		
SIGNAT	TURE WARE	4 nat		Pre	s. 12	108/04		
JIGHT	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	ER OR DIREC	тоя	Date	Daytim	e Phone #	