


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000039799		
1. Entity Name DOLLAR SAVINGS, INC.		
Principal Place of Business 16363 SEGIVIA CIRCLE FORT LAUDERDALE, FL 33331		Mailing Address 6550 SW 4 STREET PEMBROKE PINES, FL 33023

FILED

04 DEC 14 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

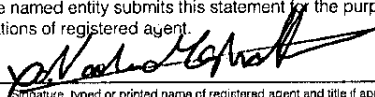


12072004 REIN-P CR2E098 (6/04)

2. Principal Place of Business 27321 SOUTH DIXIE HWY Suite, Apt. #, etc.		3. Mailing Address 16363 SEGOVIA CIRCLE Suite, Apt. #, etc.		4. FEI Number 65-0749996	Applied For <input type="checkbox"/> Not Applicable
City & State NARANJA, FLORIDA		City & State FT. LAUDERDALE, FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33032	Country DADE	Zip 33331	Country BROWARD		

6. Name and Address of Current Registered Agent INCORPORATORS PLUS, INC. 1214 N UNIVERSITY DRIVE PLANTATION, FL 33322		7. Name and Address of New Registered Agent Name NADIR SHALABY Street Address (P.O. Box Number is Not Acceptable) 16363 SEGOVIA CIRCLE City FT. LAUDERDALE FL Zip Code 33331	
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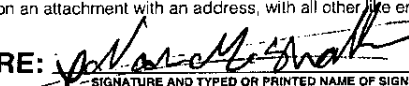
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **12/08/04**

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHALABY, NADIR 6550 SW 4 STREET PEMBROKE PINES, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700043387307 <input type="checkbox"/> Change <input type="checkbox"/> Addition 12/14/04--01017--009 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENA, ZORAY 6550 SW 4 STREET PEMBROKE PINES, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELAZAJ, ARMANDO 6550 SW 4 STREET PEMBROKE PINES, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHALABY, EHAB 16363 SEGOVIA CIRCLE FORT LAUDERDALE, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	for 12/15 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that 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 life empowered.

SIGNATURE:  Pres. DATE **12/08/04** Daytime Phone #