2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000039799

Entity Name: DOLLAR SAVINGS, INC.

SHALABY, EHAB

16363 SEGOVIA CIRCLE

FORT LAUDERDALE, FL 33331

Name:

Address:

City-St-Zip:

FILED Nov 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 27321 SOUTH DIXIE HWY NARANJA, FL 33032 **Current Mailing Address: New Mailing Address:** 16363 SEGOVIA CIRCLE FT LAUDERDALE, FL 33331 FEI Number: 65-0749996 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHALABY, NADIR 16363 SEGOVIA CIRCLE US FT LAUDERDALE, FL 33331 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. SIGNATURE: NADIR SHALABY Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SHALABY, NADIR Name: Name: 16363 SEGOVIA CIRCLE Address: Address: City-St-Zip: PEMBROKE PINES, FL 33331 City-St-Zip: Title: Title: () Delete () Change () Addition Name: PENA, ZORAY Name: 6550 SW 4 STREET Address: Address: PEMBROKE PINES, FL 33023 City-St-Zip: City-St-Zip: Title: Title: D () Delete () Change () Addition ELAZAJ, ARMANDO Name: Name: 6550 SW 4 STREET Address: Address: City-St-Zip: PEMBROKE PINES, FL 33023 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: NADIR SHALABY PD 11/27/2007