

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000056497

1. Corporation Name

LA MEJOR . 99 CENT, INC.

Principal Place of Business

1401 WEST 29TH ST.
#34-B
HALEAH FL 33010

Mailing Address

1401 WEST 29TH ST.
#34-B
HALEAH 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

411 East Hialeah Dr

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33010

Country

USA

3. New Mailing Office Address, If Applicable

411 East Hialeah Dr

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33010

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

06/24/1998

5. FEI Number

65-0845873

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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	ALONSO, MAGALY	1401 WEST 29TH ST. #34-B	HALEAH FL 33010
STD	ALONSO, NANCY S	1401 WEST 29TH ST. #34-B	HALEAH FL 33010
			200003035902--8
			-11/05/99--01013--019
			****158.75 ****158.75
			SP

8. Name and Address of Current Registered Agent

ALONSO, MAGALY
1401 WEST 29TH ST.
#34-B
HALEAH FL 33010

9. Name and Address of New Registered Agent

Name

Magalay Alonso

Street Address (P.O. Box Number is Not Acceptable)

411 East Hialeah Dr

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33010

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

Magalay Alonso

REGISTERED AGENT MUST SIGN

Date

10/25/99

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:

Speculy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/99

Daytime Phone #

(305) 885-9028

10/25/99

(2)

FROM: LA MEJOR .99 CENT, INC.
MAGALY ALONSO PRESIDENT
411 E. HIALEAH DRIVE
HIALEAH, FL. 33010

TO: FLORIDA DEPT. OF STATE
TALLAHASSEE, FLORIDA

REF: P98000056497

HEREBY, I'M REQUESTING TO PLEASE WAIVE THE PENALTIES FOR THE RENEWAL OF THE ABOVE CORPORATION, I WAS NOT AWARE THAT IT NEEDED TO BE RENEW EVERY YEAR, WE DID NOT RECEIVED THE RENEWAL NOTICE, I'M HAVING PROBLEMS WITH MY MAIL BOX AT HOME AND SOMETIMES I DO NOT RECEIVE MY MAIL AND SPECIALLY THE CORPORATION CORRESPONDENCE, AS YOU CAN SEE, I'M CHANGING THE MAILING ADDRESS TO THE BUSINESS AND HOPE I RECEIVE THE MAIL WITH NO PROBLEMS.

HOPING YOU CAN TAKE THE ABOVE REASON INTO CONSIDERATION AND WAIVE THE PENALTY, MY BUSINESS IS A DOLLAR STORE AND THE SALES ARE VERY LOW, I CAN HARDLY PAY THE BILLS.

THANK YOU,


MAGALY ALONSO
PRESIDENT