

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
- Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT -8 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000092978

1. Corporation Name

DOLLAR MART PLUS 2, INC.

100136743521
10/08/08--01026--005 **300.00

2. Principal Office Address - No P.O. Box #

6651 Taft Street

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33024

Country

usa

3. Mailing Office Address

3780 Old Norcorss Rd.

Suite, Apt. #, etc.

#107-A

City & State

Buluth, GA

Zip

30096

Country

USA

REINSTATEMENT 07-08
CR2E081 (12/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jay E. Auerbach

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

2338 Hollywood Blvd.

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	AZIZ A. MORANI	6651 Taft St.	Hollywood, FL 33024
VPD	AKBER A MORANI	6651 Taft St.	Hollywood, FL 33024
	Please note that the corporation did not receive notice of the annual report and requests that the fee be waived for the reinstatement.		

10. 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 contained in Chapter 119, 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:

Aziz Moran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/17/08

Daytime Phone #

770-495 0251

10/8/08