

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000037984

1. Corporation Name

\$ DOLLAR PLANET, INC.

FILED

02 MAY -6 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2756 MICHIGAN AVE
#2
KISSIMMEE FL 34744

2752 Michigan Ave
#2
Kissimmee, FL
34744

2756 MICHIGAN AVE
#2
KISSIMMEE FL 34744

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/23/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3568776

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	KHUGIA, LOUAI	2721 FORSYTH ROAD #258 3036 Park Plnd. #205	ORLANDO FL 32817 Kissimmee, FL 34747
D	FAITURI, FATHI M	2721 FORSYTH ROAD #258	ORLANDO FL 32817
D	MOHAMED, AISSAM	2721 FORSYTH ROAD #258	ORLANDO FL 32817
D	BEJOU, ABDULHAMID EL	2721 FORSYTH ROAD #258	ORLANDO FL 32817
D	AL NASR, MANSOUR SAYE	2721 FORSYTH ROAD #258	ORLANDO FL 32817
			200005979122--6 -06/25/02--01071--013 ***900.00 ***900.00

8. Name and Address of Current Registered Agent

KHUGIA, LOUAI
2756 MICHIGAN AVE #6
KISSIMMEE FL 34744

9. Name and Address of New Registered Agent

Name

FATHI FAITURI

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

2416 Lancashire Lane

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34743

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

REGISTERED AGENT MUST SIGN

Date

2/14/02

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:

Louai K Khugia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-14-02

Date

Daytime Phone #

CR2E040 (8/01)