

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

01 OCT 11 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000035959

1. Corporation Name

DOLLAR POWER DISCOUNT, INC.

2. Principal Office Address

9805 S.W 108 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33143

Country

U.S.A

3. Mailing Office Address

5190 N.W 167TH STREET # 113

Suite, Apt. #, etc.

113

City & State

MIAMI, FL.

Zip

33014

Country

U.S.A

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

4/22/1997

5. FEI Number

65-0747155

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

JOSEPH SHOMAR

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

17439 N.W 66 CT.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33015

600004653586-4

10/25/01-01070-002
******308.75 ****308.75**

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

REGISTERED AGENT MUST SIGN

Date **10/2/2001**

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 |
|--------|--------------------------------------|---|--------------------|
| PSTD | FRANCIS, JIHAD | 9805 S.W 108 TERRACE | MIAMI, FL. 33143 |
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/2001

Date

(305) 358-4511

Daytime Phone #

CR2E081 (9/99)