


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000107995		
1. Entity Name DISCOUNT ELECTRONICS, CORP		

Principal Place of Business 7900 NW 21ST ST MIAMI, FL 33122	Mailing Address 7900 NW 21ST ST MIAMI, FL 33122
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2. Principal Place of Business - No P.O. Box # 821 MESSINA AVE	3. Mailing Address 821 MESSINA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City, State CORAL Gables, FL	City, State CORAL Gables, FL
Zip 33134	Zip 33134
County DADE	County DADE

6. Name and Address of Current Registered Agent ECHAURI, DAMIAN JR. 7900 NW 21ST ST MIAMI, FL 33122		7. Name and Address of New Registered Agent Name: DAMIAN ECHAURI JR. Street Address (P.O. Box Number is Not Acceptable) 821 MESSINA AVE City: MIAMI FL Zip Code: 33134	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Damian Echa* DATE: 11/26/08

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECHAURI, DAMIAN JR. 7900 NW 21ST ST MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEW ADDRESS! <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 821 MESSINA AVE MIAMI FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Damian Echa* DATE: 11/26/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
08 DEC 1 PM 2: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11262008 REIN-P CR2E098 (1/07)

4. FEI Number 38-3740645	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DEC 1 - 2008