


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
07 OCT -9 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 158743	
1. Entity Name CONSUMER DISCOUNT COMPANY	

Principal Place of Business 955 ORANGE AVE DAYTONA BEACH, FL 32114 US	Mailing Address 955 ORANGE AVENUE SUITE K DAYTONA BEACH, FL 32114 US
---	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
--	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country VOLUSIA	Zip	Country USA
-----	---------------------------	-----	-----------------------



10042007 REIN-P CR2E098 (1/07) **07**

REINSTATEMENT

4. FEI Number 59-0601637	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
---	---

BRAY, ROSS C/O CONSUMER DISCOUNT COMPANY 955 ORANGE AVE., STE. K DAYTONA BEACH, FL 32114	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State FL Zip Code

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
-----------------	--	------------

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUBANK III, JAMES O	NAME	
STREET ADDRESS	410 14TH ST.	STREET ADDRESS	
CITY- ST- ZIP	SAINT AUGUSTINE, FL 32084	CITY- ST- ZIP	
TITLE	GM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAY, ROSS	NAME	
STREET ADDRESS	2328 KENILWORTH AVE	STREET ADDRESS	
CITY- ST- ZIP	SOUTH DAYTONA, FL 32119	CITY- ST- ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, SUSAN H.	NAME	
STREET ADDRESS	20 ELIZABETH LANE	STREET ADDRESS	
CITY- ST- ZIP	DAYTONA BEACH, FL	CITY- ST- ZIP	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, HARRIETT R.	NAME	
STREET ADDRESS	735 N HALIFAX AVE.	STREET ADDRESS	
CITY- ST- ZIP	DAYTONA BEACH, FL	CITY- ST- ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, CHARLES A.	NAME	
STREET ADDRESS	305 JOHN ANDERSON DRIVE	STREET ADDRESS	
CITY- ST- ZIP	ORMOND BEACH, FL	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

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: _____	DATE _____	DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

B. Mitchell **007**