

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000000035

1. Corporation Name

Business Discount Plan, Inc

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

One World Trade Center, #800

Suite, Apt. #, etc.

City & State

Long Beach, CA 90831

Zip

90831

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

8/13/1997

5. FEI Number
33-0544520

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

The Prentice-Hall corporation

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

1201 Hays Street #105

Suite, Apt. #, Etc.

City

Tallahassee,

State

FL

Zip Code

32301

☒ 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

Amanda Roath

REGISTERED AGENT MUST SIGN

**Amanda Roath
As its agent**

Date

06.13.08

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
P	Craig Konrad	One World Trade Center, #800	Long Beach, CA 90831
S	Desmond Cojohn	One World Trade Center, #800	Long Beach, CA 90831
T	Brit Melancon	One World Trade Center, #800	Long Beach, CA 90831

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:

Craig Konrad

Craig Konrad

4/30/2008

949 798-7020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 JUN 26 AM 6:08

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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06/27/08--01032--005 **900.00

REINSTATEMENT 03-08