

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 OCT 24 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J83279**

1. Corporation Name

**DISCOVERY TALENT AGENCY, INC.**

Principal Place of Business

3032 E COMMERCIAL BLVD.  
PMB # 3  
FORT LAUDERDALE FL 33308-4312  
US

Mailing Address

3032 E COMMERCIAL BLVD.  
PMB # 3  
FORT LAUDERDALE FL 33308-4312  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



**REINSTATEMENT 2003**

4. Date Incorporated or Qualified  
To Do Business in Florida

07/20/1987

5. FEI Number

65-0003054

Applied For

Not Applicable

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
PD	SHAPIRO, ALLEN	3032 E COMMERCIAL BLVD., PMB # 3	FT LAUDERDALE FL 33308

800024058608  
10/24/03--01005--020 \*\*750.00

8. Name and Address of Current Registered Agent

SHAPIRO, ALLEN  
3032 E COMMICAL BLVD.  
PMB # 3  
FT LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State <b>FL</b>	Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent *Allen Shapiro*

REGISTERED AGENT MUST SIGN

Date **10-16-03**

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: *Allen Shapiro* **ALLEN SHAPIRO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10-16-03 1954/ 815-2319**

CR2E040 (7/03)