•		PLEAS	SE READ /	ALL INST	RUCT	IONS	BEFORE (OMPLETI	ING THIS FO	RM,	
REINSTATEMENT Se						DEPARTMENT OF STATE ecretary of State sion of corporations			2007 NOV 19 AM 8: 59 SECRETARY OF STATE		
DOCUMENT # L27604 1. Corporation Name Lee's Discount Gold, Inc.								SECRETARY OF STATE TALLAHASSEE, FLORIDA 000112415850 11/19/0701039020 **600.00			
2. Principal Office Address - No P.O. Box # 12204 N.W. 73 Street 12204 Suite, Apt. #, etc. Suite, Apt. #					Office Address N.W. 73 Street			CR2E081 (1/07)			
oute, rpt. r, etc.								4. Date Incorporated or Qualified To Do Business in Florida 11/06/1989			
				City & State Parkland, FL			5. FEI Numbe	ő 65-01535	7	Applied For	
^{Zip} 33076		Country Brows	ırd	^{Zip} 33076		Count	ward	6. CERTIFICATE	OF STATUS DESIRED		litional Fee require
7. Name and Address of Current Registere Sel-Ja Lee Street Address (P.O. Box Number is Not Acceptable) 12204 N.W. 73 Street Suite, Apt. #, Etc. City Parkland						State	<u> </u>	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.			
_	appointed th	e registered	jaile	re named corpo		amiliar v		obligations of section	on 607.0505 or 617.050		
9. Names	and Street A	Addresses of	Each Officer and	or Director (Flo	rida nonpro	ofit corpo	rations must list at le	east 3 directors)	, <u> </u>		
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director				City / State / Zip		
PST	Lee, Sei-Ja				12204 N.W. 73 Street				Parkland, FL	33076	
							RE	INSTA	TEMI	ENT	

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/2007

305)621 ~6233 Daytime Phone #

*LEE/8 DISCOUNT GOLD, INC. 12204 N.W. 73 STREET PARKLAND, FL 33076 TEL (305) 621-6233

November 14, 2007

Department of State Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

Re: Request a waiver of reinstatement fee Document #: L27604

Dear sir or madam,

This is in request for a waiver of reinstatement fee of Lee's Discount Gold, Inc. (the "Corporation"). We did not realize the fact that we did not notify you the change of address in the year of dissolution. Thus, we did not received annual report filing notice from you.

We are not familiar with the laws of Florida, however, we understand that we may be allowed a waiver of reinstatement fee if the corporation did not receive the annual report notices. We have enclosed a check in the amount of \$600.00 (fee for 2004, 2005, 2006 and 2007) along with the reinstatement application.

Please update your record and waive reinstatement fee. Contact us if you have any questions.

Sincerely,

Sei J. Lee President

Saisoille

Enclosures: 1) A check of \$600.00

2) Reinstatement Application