

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR 21 PM 4:53

DOCUMENT # L 27604

1. Corporation Name

LEE'S DISCOUNT GOLD, INC.

Mailing Address

Principal Place of Business

P321 BLACK OLIVE DR. 8321 BLACK OLIVE DR
TAMARAC, FL 33321 TAMARAC FL 33321

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

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/06/89

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0155357

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐\$3.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PST	LEE, SEI-JA	8321 BLACK OLIVE DR	TAMARAC, FL 33321

100014419961
03/21/03--01004--007 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

LEE, SEI-JA

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

8321 BLACK OLIVE DRIVE

Suite, Apt. #, Etc.

City

TAMARAC

State

FL

Zip Code

33321

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.

Signature of
Registered Agent

Sei-Ja

REGISTERED AGENT MUST SIGN

Date

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒(See other side for information
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

3/17/03

Date

305-621-6233

Daytime Phone #

LEE'S DISCOUNT GOLD, INC.
8321 BLACK OLIVE DRIVE
TAMARAC, FLORIDA 33321

TEL (954) 721-3893

March 17, 2003

DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

Re: Request for reinstatement
Document #: L27604

Dear sir or madam,

This is in request for a reinstatement of our corporation. The corporation did not receive the annual report in 2002 that caused the corporation being dissolved. I have enclosed \$300.00 (fee for 2002 and 2003) along with reinstatement application.

Please update your record as the information appears on the reinstatement application and abate any penalty if there is. Contact us if you have any questions.

Sei Ja Lee

Sincerely,

Sei Ja Lee
Sei Ja Lee
President

Enclosures: A check (\$300.00)
A reinstatement application