

H97000008588

<b>APPLICATION FOR REINSTATEMENT</b> <b>FLORIDA DEPARTMENT OF STATE</b> <b>Jim Smith</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>		DO NOT WRITE IN THIS SPACE <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Read Instruction on Other Side Before Making Entries Make Check Payable To: <i>Department of State</i>			
1. Name and Mailing Address of Corporation: <b>DOCUMENT # L66962</b>  <b>Discount Wholesalers of America, Inc.</b> <b>1510 NW 101st Avenue</b> <b>Plantation, FL 33322</b>		2. If Address in Block 1 is incorrect in any way, enter the correct address below: Address _____ City and State _____ Zip Code _____ 3. If principle Office Address is different from mailing address, enter address below: Address _____ City and State _____ Zip Code _____	
4. Date Incorporated or Qualified To Do Business in Florida <b>May 23, 1997</b>	5. FEI Number <b>65-0192207</b>	FBI Number Applied For _____ FBI Number Not Applicable _____	6. \$8.75 Additional Fee required for a Certificate of Status <b>CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></b>
7. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officer and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Director	Stephen Shapiro	1510 NW 101st Avenue	Plantation, FL 33322
Director	Michael Shapiro	1510 NW 101st Avenue	Plantation, FL 33322
Director			
Director			
<b>REGISTERED AGENT INFORMATION</b>		9. If changed, new registered agent/office	
8. Name and Address of Current Registered Agent <b>James T Iannaccone</b> <b>800 E Broward Boulevard, Suite 510</b> <b>Ft Lauderdale, FL 33301</b>		Name <b>Stephen Shapiro</b> Street Address (Do NOT Use P.O. Box Number) <b>1510 NW 101st Avenue</b> Street Address (Do NOT Use P.O. Box Number) _____ City <b>Plantation</b> State <b>FL</b> Zip <b>33322</b>	
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 <i>[Signature]</i> Date <b>5-23-97</b> <b>REGISTERED AGENT MUST SIGN</b>			
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/>			
12. Does this corporation pay any intangible tax to the Department of Revenue under S. 199.032, Florida Statutes. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
13. I certify that I am an officer or director or the receiver or trustee empowered to manage 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 of Officer or Director <i>[Signature]</i> Date <b>5-23-97</b> Daytime Phone # <b>417-240-5777</b> Typed or printed name of signing officer or director _____			

FILED  
 1997 MAY 23 AM 11:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

APPROVED AND FILED

REINSTATEMENT 94-97  
 SEE 5-23-97

# L66962

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5/23/97

FLORIDA DIVISION OF CORPORATIONS  
PUBLIC ACCESS SYSTEM  
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12:52 PM

((H97000008589 8))

TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4000

FROM: CORPORATE CREATIONS INTERNATIONAL INC.  
CONTACT: ~~JULIAN ROBRIQUEZ~~ *Brinfrans*  
PHONE: (305)672-0686

ACCT#: 073171003004

FAX #: (305)672-9110

NAME: LIBERTY NATIONAL MARKETING, INC.

AUDIT NUMBER.....H97000008589

DOC TYPE.....CORPORATION REINSTATEMENT

CERT. OF STATUS..0

PAGES..... 2

CERT. COPIES.....0

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