

H 05000289848.3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M74327					
1. Corporation Name Dischino Corporation					
2. Principal Office Address 2511 S. Dixie Hwy			3. Mailing Office Address 2511 S. Dixie Hwy		
Suite Apt #, etc			Suite Apt #, etc		
City & State West Palm Beach, FL			City & State West Palm Beach, FL		
Zip 33404	Country U.S.A.	Zip 33404	Country U.S.A.	4. Date incorporated or Qualified To Do Business in Florida 03/29/1988	
5. FEI Number 65-0077670				Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒				\$9.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Corporation Service Company					
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street					
Suite Apt #, Etc					
City Tallahassee				State FL	Zip Code 32301
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		Laura R. Dunlap		Date 12/21/05	
REGISTERED AGENT MUST SIGN as its agent					
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	
CEO	Rakowski, Richard	2511 S. Dixie Hwy		West Palm Beach, FL 33404	
President	Higgins, John	2511 S. Dixie Hwy		West Palm Beach, FL 33404	
Vice President	Lipman, Andrew D.	10 Glenville Street		Greenwich, CT 06831	
Director of Operations	Sassoon, Elan	2511 S. Dixie Hwy		West Palm Beach, FL 33404	
Secretary	Mandell, Edward R.	405 Lexington Ave.		New York, NY 10001	
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 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: 		12/20/05		212-704-6163	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

DISCHINO CORPORATION

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