

2004 AR

\$70.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>N21087</u>			
1. Corporation Name <u>First Discovery Inc.</u> Document Number <u>N21087</u>			
2. Principal Office Address <u>6131 5th St E</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>6131 5th St E</u> Suite, Apt. #, etc.	
City & State <u>Bradenton FL</u>		City & State <u>Bradenton FL</u>	
Zip <u>34207</u>	Country <u>Manatee</u>	Zip <u>34207</u>	Country <u>Manatee</u>
4. Date Incorporated or Qualified To Do Business in Florida <u>1986</u>		5. FEI Number <u>65-0220-179</u>	
6. CERTIFICATE OF STATUS DESIRED ☒		Applied For ☐ Not Applicable ☐	
		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name <u>Carla Tralick</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>3510 222nd St E</u>			
Suite, Apt. #, Etc.			
City <u>Bradenton</u>		State <u>FL</u>	Zip Code <u>34202</u>
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 <u>Carla Tralick</u>		Date <u>7/7/04</u>	
REGISTERED AGENT MUST SIGN			
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
<u>Pres</u>	<u>Carla A Tralick</u>	<u>3510 222nd St E</u> <u>Bradenton, FL</u>	<u>Bradenton FL 34202</u>
<u>V.P.</u>	<u>Timothy O. Tralick</u>	<u>3510 222nd St E</u> <u>Bradenton FL</u>	<u>Bradenton FL 34202</u>
<u>S.T.</u>	<u>Tawnya Tralick</u>	<u>3510 222nd St E</u>	<u>Bradenton FL 34202</u>
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: <u>Carla Tralick</u>		Date <u>7/7/04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>941-753-3112</u>	
		Daytime Phone #	

CR2E081 (01/04)