

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 5:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000086249**

1. Corporation Name

**UNIVERSAL DISCOUNT, INC.**

REINSTATEMENT 03



**800024196638**  
10/28/03--01018--016 \*\*150.00

Principal Place of Business

3389 SHERIDAN STREET, #432  
HOLLYWOOD FL 33021

Mailing Address

3389 SHERIDAN STREET, #432  
HOLLYWOOD FL 33021

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**09/08/2000**

5. FEI Number

**65-1041130**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75** 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 3	City / State / Zip 4
PD	MIGUES, JAMES	3389 SHERIDAN STREET, #432	HOLLYWOOD FL 33021
TD	MIGUES, CHARLES	3389 SHERIDAN STREET, #432	HOLLYWOOD FL 33021

8. Name and Address of Current Registered Agent

**MIGUES, CHARLES**  
3389 SHERIDAN STREET, #432  
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

Date

REGISTERED AGENT MUST SIGN

11. 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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

Hollywood, Fl. - Oct 16, 2003

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl. 32314

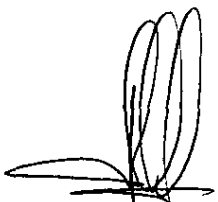
To whom it may concern,

I am writing you this letter for the fact that we (Universal Discount, Inc.) did not receive any form of notification regarding the uniform business report (UBR) notice. If we would have received any correspondence regarding the report we would have taken care of it.

Please find included in this letter a check for the amount of \$ 150.00 for the reinstatement of our company.

Thank you.

Ref:	Document # P00000086249
Corporation Name:	Universal Discount, Inc.
President:	James L Miguez
Registered Agent:	Charles D. Miguez



James L Miguez  
President  
Oct 16, 2003



Charles D. Miguez  
VP / Registered Agent  
Oct 16, 2003