

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P00000094438**

1. Corporation Name

DISCOUNT MEDICAL EXPRESS CO.

Principal Place of Business

Mailing Address

9391 BOCA RIVER CIRCLE
BOCA RATON FL 33434

9391 BOCA RIVER CIRCLE
BOCA RATON FL 33434

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/06/2000

5. FEI Number

65-1045210

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	LITWACK, MORTON J	9391 BOCA RIVER CIRCLE	BOCA RATON FL 33434
SVD	ROTWEIN, CARMEN	9391 BOCA RIVER CIRCLE 8226 N W 41 ST STREET	BOCA RATON FL 33434 CORAL SPRINGS FL 33065
VTD	FERLISE, GERALYN	9391 BOCA RIVER CIRCLE 4988 N W 119th TERRACE	BOCA RATON FL 33434 CORAL SPRINGS FL 33076

300025760873
12/26/03--01005--024 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

LONNER MARON CPA PC

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

5750 LAS VERDES CIRCLE

Suite, Apt. #, Etc.

UNIT 115

City

DELRAY BEACH

State

FL

Zip Code

33484

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

REGISTERED AGENT MUST SIGN

Date 12-1-2003

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
03 DEC 26 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

CP2E040 (7/03)

**DISCOUNT MEDICAL EXPRESS CO.
9391 BOCA RIVER CIRCLE
BOCA RATON, FL 33434**

December 1, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Gentlemen:

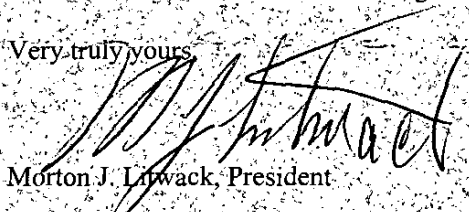
I am enclosing herewith an Application for Reinstatement for Discount Medical Express Co.

Please be advised that the Corporation did not receive the Uniform Business Report from the Florida Department of State. It appears that prior reports were sent to the former Registered Agent, Spiegel & Utrera, P.A., who did not forward these reports to our offices. We have utilized a new Registered Agent for future mailings, from whom we are assured of receiving the respective reports.

I am also enclosing a check for \$150.00, covering the annual report fee and corporate supplemental fee, as required by law. We respectfully request that the reinstatement fee of \$600 be waived in connection with this matter. This is the first occasion where the Corporation did not file the annual Uniform Business Report on a timely basis as a result of circumstances beyond our control.

Your consideration on this matter is greatly appreciated.

Very truly yours,



Morton J. Litwack, President