

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000116792

1. Corporation Name

ALAIN DISCOUNT CORP.

Principal Place of Business

215 SW 17 AVE
MIAMI FL 33135

Mailing Address

215 SW 17 AVE
MIAMI FL 33135

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

2. New Principal Office Address, If Applicable

203 SW 17 AVE

Suite, Apt. #, etc. 203A 1st floor.

City & State Miami FL

Zip 33135

Country Dade

3. New Mailing Office Address, If Applicable

203 SW 17 AVE

Suite, Apt. #, etc. 203A 1st floor

City & State Miami FL

Zip 33135

Country Dade

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/2000

5. FEI Number

65-1067863

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ARAGON, NAYDA	215 SW 17 AVE 203 SW 17 AVE 203A	MIAMI FL 33135
			800004717088--3 12/10/01--01099--005 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

ARAGON, NAYDA
215 SW 17 AVE
MIAMI FL 33135

9. Name and Address of New Registered Agent

Name Aragon Nayda
Street Address (P.O. Box Number is Not Acceptable)
203 SW 17 AVE
Suite, Apt. #, Etc. # 203A
City Miami
State FL Zip Code 33135

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/15/01

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

11/07/01

Date

Daytime Phone #

New Text Document

20f2

MIAMI, OCT 15/01.

To whom it may concern;

My name is Nayda Aragon; I received a dissolution letter from the Florida Department of State. Immediately, I called the phone number which appears on the letter, and I spoke to Robert. The discussion entailed the fact that I do not always receive my letters. In addition to that the address does not include the suite number, therefore, part of the correspondence is lost or arrives late. Mr Robert states that due to this I should only pay the initial payment of--
\$ 150.00.

Thank you for your attention, the payment is included with this letter and I also put the correct address. 203 SW 17 AVE, SUITE 203 A MIAMI FL. 33135.

Nayda E. Aragon