

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN 10 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000041577**

**1. Corporation Name**

**Discovery Properties & Investments, Inc**  
**1450 NW 92ND AVE**  
**PLANTATION, FL 33322-4328**

**2. Principal Office Address**

**1450 NW 92 AVE**

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

**City & State**

**Plantation, FL**

**City & State**

**Zip**

**33322**

**Country**

**USA**

**Zip**

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**4-14-01**

**5. FEI Number**

**65-1095661**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

**\$8.75 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

**Name**

**ADAM GOIDFARB**

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

**1450 NW 92ND AVE**

**Suite, Apt. #, Etc.**

**City**

**Plantation**

**State  
FL**

**Zip Code**

**33322**

**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**

*[Signature]*

**REGISTERED AGENT MUST SIGN**

**Date 1-7-03**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
<b>P</b>	<b>ADAM GOIDFARB</b>	<b>1450 NW 92ND AVE PLANTATION, FL 33322</b>	<b>Plantation, FL 33322</b>

**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:**

*[Signature]*

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**1-7-03**

**Daytime Phone #**

CR2081 (10/02)

*js 1/10*

**HOLLANDER & ASSOCIATES, INC.**

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11410 North Kendall Drive, Suite 207  
Miami, Florida 33176  
Tel (305) 275-2557  
Fax (305) 275-2588

January 7, 2003

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

Ref: Discovery Properties, Inc.

To Whom It May Concern:

This letter is in reference to Discovery Properties, Inc. We contacted the division last week to discuss the fact that we have never received an annual report from the State of Florida, or any other form of correspondence either.

We have enclosed a reinstatement fee for \$ 300.00, two years of annual reports, as well a reinstatement application that is properly filled out.

Should you have any questions, please feel free to contact me at your convenience.

Very truly yours,

  
Mark J. Hollander