

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/18/04

FILED

05 NOV 17 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

02-05

T. Roberts NOV 18 2005

CR2E081 (8/05)

**CORPORATION REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS  
W05 0020 49169

**DOCUMENT # P01000057944**

**1. Corporation Name**  
Discount motor mail, Inc.

|                                                                                                                                                              |                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2. Principal Office Address</b><br>13103 N. Florida Avenue<br>Suite, Apt. #, etc.<br>City & State<br>Tampa, FL<br>Zip<br>33612<br>Country<br>Hillsborough | <b>3. Mailing Office Address</b><br>13103 N. Florida Avenue<br>Suite, Apt. #, etc.<br>City & State<br>Tampa, FL<br>Zip<br>33612<br>Country<br>Hillsborough |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|

**4. Date Incorporated or Qualified To Do Business in Florida** 6.7.01

**5. FEI Number** 59-3724764 ☐ 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 Tyrone Bourne 600060927163  
10/25/05--01071--006 \*\*\$00.00

Street Address (P.O. Box Number is Not Acceptable)  
4349 RACHEL BLVD, WEEKI WACHEE, FL 34607

Suite, Apt. #, Etc.

City WEEKI WACHEE State FL Zip Code 34608

**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 Tyrone Bourne Date 10/21/05  
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    |
|--------|-----------------------------------|------------------------------------------------|-----------------------|
| P      | Tyrone Bourne                     | 4349 RACHEL BLVD                               | WEEKI WACHEE FL 34607 |
| V.P.   | Karen Bourne                      | 4349 RACHEL BLVD                               | WEEKI WACHEE FL 34607 |
|        |                                   |                                                |                       |
|        |                                   |                                                |                       |
|        |                                   |                                                |                       |
|        |                                   |                                                |                       |

**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:** Tyrone Bourne 10/21/05 (813) 376-6690  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



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## DISCOUNT MOTOR MALL, INC

OCTOBER 21, 2005

DIVISION OF CORPORATIONS  
Clifton Building  
2661 EXECUTIVE CENTER CIRCLE  
TALLAHASSEE, FL 32301

DEAR SECRETARY OF STATE:

WE AT DISCOUNT MOTOR MALL, DISPUTES SAID PENALTIES AND DENIES SAID DEBT, BASED ON THE FACT THAT WE AT ANY TIME DID NOT RECEIVED LETTERS OR ANY NOTICES ABOUT ANNUAL FEES OR RENEWAL OF CORPORATION; WE DESIRE TO RESOLVE AND FOREVER SETTLE AND ADJUST SAID PENALTIES. NOW THEREFORE, DISCOUNT MOTOR MALL AGREES TO PAY DEPARTMENT OF STATE, THE SUM OF \$600.00, DOLLARS IN FULL PAYMENT, SETTLEMENT, SATISFACTION, DISCHARGE AND RELEASE OF SAID PENALTIES FOR THE REINSTATEMENT OF OUR CORPORATION. THE YEAR OUR BUSINESS REPORTS WERE NOT RECEIVED WAS 2002 till PRESENT.

Very Truly Yours

Tyrone Bourne

President.