

Page 1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 14 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000062039

1. Corporation Name

AISLINN DISCOUNT, INC

2. Principal Office Address

1802 40TH TERR. SW.

3. Mailing Office Address

Suite, Apt. #, etc.

6 & 7

Suite, Apt. #, etc.

City & State

NAPLES, FL 34116

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/20/2001

5. FEI Number

59-3724957

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

EDWARDS, DIAN M

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

1852 40TH TERRACE SW 10/28/03--01013--012 \*\*15.00

Suite, Apt. #, Etc.

SUITE #B

City

NAPLES

State

FL

Zip Code

34116

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

Date 10/16/2003

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	HERNANDEZ, MARLENE	1802 40TH TERR SW 6 & 7	NAPLES FL 34116

REINSTATEMENT 02 78

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/2003

Date

Daytime Phone #

CR2E081 (10/02)

Page 2 of 2

**ALPHA ACCOUNTING SERVICES, INC.**  
**1852 B 40<sup>TH</sup> TERRACE SW**  
**NAPLES, FL. 34116**  
**TEL: 239-455-3047, FAX: 239-455-5133**

---

August 16, 2003

~~DIVISION OF CORPORATIONS~~  
~~UNIFORM BUSINESS REPORT FILING~~  
~~P O BOX 1500~~  
~~TALLAHASSEE, FL 32302-1500~~

Dear Sir/Madam

RE: AISLINN DISCOUNT, INC - P01000062039



This letter is to notify you that this Corporation did not receive a renewal notice of the original form in January 2003. Therefore, we have down loaded a copy of the Reinstatement form from the Internet, on behalf of our client, for submission.

Yours truly,



~~DIAN EDWARDS~~  
~~PRESIDENT~~