

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 # **P02000124632**

1. Corporation Name

DISCOUNT FINANCE, INC.

Principal Place of Business

Mailing Address

1035 SOUTH FEDERAL HIGHWAY
PENTHOUSE 3
DELRAY BEACH FL 33483

1035 SOUTH FEDERAL HIGHWAY
PENTHOUSE 3
DELRAY BEACH FL 33483

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

2. New Principal Office Address, If Applicable
10277 W. SAMPLE RD.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
10277 W. SAMPLE RD.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/2002

5. FEI Number

010257406

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State
COAL SPRINGS, FL.
Zip
33065

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COAL SPRINGS, FL.
Zip
33065

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
PSTD	RITCHARD V.S. CRAWFORD	1035 SOUTH FEDERAL HIGHWAY #3	DELRAY BEACH FL 33483

600024101936
10/27/03--01014--014 **150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

RICHARD CRAWFORD
Street Address (P.O. Box Number is Not Acceptable)
10277 W. SAMPLE RD.
Suite, Apt. #, Etc.

City

COAL SPRINGS

State

FL

Zip Code

33065

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/20/2003

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]
RICHARD CRAWFORD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/2003
Date

Daytime Phone #

954
796-1744

FILED

03 OCT 27 PM 12:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03

CR2E040 (7/03)



Discount Finance, Inc.

**10277 W. Sample Rd. Coral Springs, FL 33065
954-796-1744 Fax: 954-796-1745**

~~Dear Division Of Corporations:~~

Our Corporation did not receive It's Annual Report Form for 2003.
We would like to reinstate the Corporation. Please note we have a new
address and phone numbers.

Thank You For Your Help

Ritch Crawford