

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000002467

1. Entity Name
DISCOUNT FOODS, INC.



FILED

07 MAR -9 PM 1:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**1112 11TH CT. N.E.
WINTER HAVEN, FL 33881**

Mailing Address
**1112 11TH CT. N.E.
WINTER HAVEN, FL 33881**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



REINSTATEMENT 06-07

4. FEI Number
45-0501035

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James R. Allen* DATE **3-6-07**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

300093739753
03/19/07--01037--008 **900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLEN, JAMES R 1112 11TH CT. N.E. WINTER HAVEN, FL 33881 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *James Ray* DATE **3-6-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR