

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUN 30 AM 3:53

DOCUMENT # P03000047078

1. Corporation Name

COMMUNITY DISCOUNT MARKET, INC

W09-26643

2. Principal Office Address - No P.O. Box #

706 W BOYNTON BEACH BLVD

3. Mailing Office Address

124 SW 12TH AVENUE

Suite, Apt. #, etc.

UNIT 108

Suite, Apt. #, etc.

City & State

BOYNTON BEACH

City & State

BOYNTON BEACH

Zip
FL

Country
33426

Zip
FL

Country
33426

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/2003

5. FEI Number
030517016

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

MICLER LOUIS

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

124 SW 12TH AVENUE

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State

FL

Zip Code

33426

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 05/22/08

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	MICLER LOUIS	124 SW 12TH AVENUE	BOYNTON BEACH, FL 33426
VP	ROSIANNE LOUIS	124 SW 12TH AVENUE	BOYNTON BEACH, FL 33426M

000156782380
06/04/09--01020--011 **150.00

500157967955
06/30/09--01005--016 **300.00

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 contained in Chapter 119, 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:

MICLER LOUIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/22/09

Date

561-737-2979

Daytime Phone #