

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000017552

1. Entity Name  
DISCOUNT TICKETS & MORE, INC



Principal Place of Business  
13905 OSPREY LINKS ROAD  
108  
ORLANDO, FL 32837 US

Mailing Address  
13905 OSPREY LINKS ROAD  
108  
ORLANDO, FL 32837 US

2. Principal Place of Business  
**2327 SETTLERS TR**  
Suite, Apt. #, etc.

3. Mailing Address  
**2327 SETTLERS TR**  
Suite, Apt. #, etc.

City & State  
**ORLANDO FL**

City & State  
**ORLANDO FL**

Zip  
**32837**

Country  
**U.S.**

Zip  
**32837**

Country  
**U.S.**



**REINSTATEMENT**

11/05

4. FEI Number  
**20-0665149**

Applied For  
Not Applicable

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

b. Name and Address of Current Registered Agent

CROSSFIELD, LUIS D  
13905 OSPREY LINKS RD  
108  
ORLANDO, FL 32837

7. Name and Address of New Registered Agent

Name  
**CROSSFIELD, LUIS D**  
Street Address (P.O. Box Number is Not Acceptable)  
**2327 SETTLERS TR**  
City  
**ORLANDO** FL Zip Code  
**32837**

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

*Luis D Crossfield*

**3/15/06**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
CROSSFIELD, LUIS D  
~~13905 OSPREY LINKS RD #108~~  
~~ORLANDO, FL 32837~~

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
CROSSFIELD, ANA R  
~~13905 OSPREY LINKS RD #108~~  
~~ORLANDO, FL 32837~~

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**2327 SETTLERS TR**  
**ORLANDO FL 32837**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
**2327 SETTLERS TR**  
**ORLANDO FL 32837**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
**000072379510**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
**04/27/06 01027-010 \*\*\*300.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
**K. Eckel APR 24 2006**

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:

*Luis D Crossfield*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3/15/06**

Daytime Phone #