

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 OCT 29 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PD4000017552

**1. Corporation Name**

Discount tickets & More, Inc.

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

285031 West Irlow Brown

Suite, Apt. #, etc.

**3. Mailing Office Address**

2327 Settlers Tr.

Suite, Apt. #, etc.

City & State Kissimmee

Orlando, FL

City & State

Orlando, FL

Zip 34746

Country USA

Zip 32837

Country USA

800162313108

10/29/09--01034--014 \*\*300.00

**REINSTATEMENT** 08-09

**4. Date Incorporated or Qualified  
To Do Business in Florida**

01/22/04

**5. FEI Number**

200665149

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

Luis Crossfield

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

2327 Settlers Tr

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32837

\*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

Luis Crossfield

(REGISTERED AGENT MUST SIGN)

Date

10/27/09

**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	Luis Crossfield	2327 Settlers Tr.	Orlando, FL 32837
VP	Anna Crossfield	2327 Settlers Tr.	Orlando, FL 32837

**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:**

Luis Crossfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/09

Date

321-443-4310

Daytime Phone #

10/30/09