

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 AUG 27 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000102359

1. Corporation Name

Business Discovery, Inc.

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

4809 E Busch Blvd

Suite, Apt. #, etc.

Ste 201-1

City & State

Tampa, FL

Zip
33617

3. Mailing Office Address

4809 E Busch Blvd

Suite, Apt. #, etc.

Ste 201-1

City & State

Tampa, FL

Zip
33617

Country
USA

7. Name and Address of Current Registered Agent

Name

ADVM USA Incorporated

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

4809 E Busch Blvd

Suite, Apt. #, Etc.
Suite 201A

City
Tampa

State
FL Zip Code
33617

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

Date **08/26/2008**

REGISTERED AGENT MUST SIGN

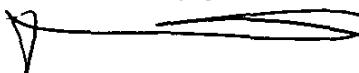
The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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
PST	David Blumberg	3240 Indian Trail	Eustis, FL 32726
D	Danny Garcia	22739 Penny Loop	Tampa, FL 34639
			800135279008
			09/03/08-01004-003 **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:


Danny Garcia

08/26/08

813-985-2733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #