

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 APR 22 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p06000116028

1. Corporation Name

Discount Realtor & Business Printing Inc.

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

829 N. Barfield Drive

Suite, Apt. #, etc.

City & State

Marco Island, Florida

Zip

34145

Country

Collier

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

same

Zip

same

Country

same

4. Date Incorporated or Qualified

To Do Business in Florida 9-14-06

5. FEI Number

20-5504738

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

Christine Avery

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

829 N Barfield Drive

Suite, Apt. #, Etc.

City

Marco Island

State

FL

Zip Code

34145

☒ 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.

REINSTATEMENT

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 4-18-2010

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
President	Christine Avery	829 N Barfield Drive	Marco Island, Florida, 34145
VP	Jason Garff	829 N. Barfield Drive	Marco Island, Florida, 34145

10. E-mail Address: drbprint@embarqmail.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-2010