PI FASE RE	AD ALL INS	STRUCTIONS	S BEFORE (OMPLETIN	IG THIS FOR	
APPLICATION FOR REINSTATEMENT	NT OF STATE rtham State			WI.		
DOCUMENT-# P94000031198				FILED		
1. Corporation Name				98 NOV 23 PM 3: 19		
DISCOUNT SECURITIES GROUP, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address P.O. Box 615						
Winter Haven, FL 33882		CIATE		426		38620—-6 3-01034006 .00 ***1200.00
New Principal Office Address, If Applicable 980 N. Federal Hwy.	ailing Office Address, If	Applicable	4. Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt. #, etc. Suite 210	N. Federa <u>l</u> #, etc.	Hwy.	4/25/94			
City & State	te 210 le _		· ·)5 15 766	Applied For Not Applicable	
Zip Country Zip		Raton, FL Country		6.		8.75 Additional Fee required
7. Names and Street Addresses of Each Officer	and/or Director (I		SA itions must list at leas		STATES BEST EST	for a Certificate of Status
Title(s) 1 Name of Officer and/or Director	Str. Off	eet Address of Each licer and/or Director	dress of Each			
PRES./ CEO MARSHALL T. LEEDS DIR/VP GREGG S. GLASER DIR/VP W. DENNIS FERGUSO SEC/VP ANDREA JOYCE WAGN VP CHARLES E. SCARLE	980 N. FED 980 N. FED 980 N. FED 980 N. FED	ERAL HWY., ERAL HWY., ERAL HWY.,	SUITE 210 SUITE 210 SUITE 210	BOCA RATON, BOCA RATON, BOCA RATON, BOCA RATON,	FL 33432 FL 33432 FL 33432	
CFO DAVID BRANT		980 N. FEDI	ERAL HWY, S	UITE 210	BOCA RATON,	FL 33432
8. Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent		
CORPORATION SERVICE COME 1201 HAYS STREET TALLAHASSEE, FLORIDA 323		CHARLES E. SCARLETT, ESO. Street Address (P.O. Box Number is Not Acceptable) 980 NORTH FEDERAL HWY., SUITE 210 Suite, Apt. #, Etc. SUITE 210 City BOCA RATON FL 32622			te Zip Code	
10. I, being appointed the registered agent of the Signature of Registered Agent) 	poration, am familiar wit	h and accept the obli	igations of Section 6	07.0505, F.S. Date//	19)98
11. This corporation owes or Intangible Personal Prop	has paid th	ne current yea	r Yes 🎞	No 🔲		ide for information angible tax.)
12. I certify that I am an officer or director or the r this reinstatement application, the reason for owed by the corporation have been paid and on this application is true and accurate, and m	lissolution has bee: the names of Indivi	n eliminated, the corpora duals listed on this form	ate name satisfies the do not qualify for an	e requirements of se exemption under se	wion 607 0401 or 617 0	MO1 E C that all food
SIGNATURE: SIGNATURE AND TYPED OR	PRINTED NAME OF	SIGNING OFFICER OR DI	ROS.	CHALA	198 (56)	<u>/</u>) 338 ≥ 76/