PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Katherine Harris **FOR** Secretary of State REINSTATEMENT FILED **DIVISION OF CORPORATIONS** P94000041911 DOCUMENT # 00 OCT 24 PM 2: 26 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA DISCOVERY INTERNATIONAL ASSOCIATES, INC. Principal Place of Business Mailing Address 17561 VIA CAPRI 17561 VIA CAPER **BOCA RATON FL 33496** BOCA RATOR ISTATEMENT π If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida INDEH PLACE 06/06/1994 Suite, Apt. #, etc. 65-0504650 Applied For. 5. FEli Number 95-0504650-City & State Not Applicable GRESS \$8.75 Additional Fee required Zip Country Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status 11021 USA 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Title(s) City / State / Zip JACOBS, MICHAEL A 17561 VIA CAPRI **BOCA RATON FL 33496** D **BOCA RATON FL 33496** JACOBS, DOROTHY 17561 VIA CAPRI 300003455323--11/07/00--01074--008 ****758.75 ****758.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name JACOBS, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 17561 VIA CAPRI Suite, Apt. #, Etc. **BOCA RATON FL 33496** City Zip Code State miliar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the r gistered agent of the Signature of ... Registered Ager 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 filling 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 under section 119.07(3)(i), F.S. The information indicated on this application is type and accurate, and my signature shall have the same legal effect as if made under oath. 11. I certify that I am an officer or director or the receiver or trustee

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR