

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000041911

1. Entity Name
DISCOVERY INTERNATIONAL ASSOCIATES, INC.



FILED

04 NOV -8 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1 LINDEN PLACE
SUITE 207
GREAT NECK, NY 11021

Mailing Address

1 LINDEN PLACE
SUITE 207
GREAT NECK, NY 11021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10212004

REIN-P

CR2E098 (6/04)

4. FEI Number

65-0504650

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PORTLEY, PETER ESQ
2211 E SAMPLE RD
STE 204
LIGHTHOUSE PT, FL 33063

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME JACOBS, MICHAEL A
STREET ADDRESS 23 WHITTER DRIVE
CITY-ST-ZIP SEARINGTOWN, NY 11507

TITLE D ☐ Delete
NAME JACOBS, DOROTHY
STREET ADDRESS 23 WHITTER DRIVE
CITY-ST-ZIP SEARINGTON, FL 11507

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 900042558589
STREET ADDRESS 11/08/04--01050--010 **558.75
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/3/04 216 404 9900