

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000020906**

1. Corporation Name

**DISCOUNT CELLULAR, INC.**

Principal Place of Business

2550 OKEECHOBEE BLVD  
SUITE G3  
WEST PALM BEACH FL 33409  
US

Mailing Address

2919-E N MILITARY TR  
#358  
WEST PALM BEACH FL 33409

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/13/1995

5. FEI Number

65-0568742

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SCHWARTZ, KEITH	2550 OKEECHOBEE BLVD	WEST PALM BEACH FL 33409
VPD	<del>TSOMPANAS, STEVE</del> Keith Schwartz	2550 OKEECHOBEE BLVD	WEST PALM BEACH FL 33409
TD	<del>TSOMPANAS, MICHAEL</del> Keith Schwartz	2550 OKEECHOBEE BLVD	WEST PALM BEACH FL 33409
SD	<del>TSOMPANAS, VAL</del> Keith Schwartz	2550 OKEECHOBEE BLVD	WEST PALM BEACH FL 33409

500023751655  
10/13/03--01073--012 \*\*150.00

8. Name and Address of Current Registered Agent

SCHWARTZ, KEITH  
2550 OKEECHOBEE BLVD  
WEST PALM BEACH FL 33409

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/8/03

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 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 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 #

CR2E040 (7/03)

# **Discount Cellular, Inc.**

**2550 Okeechobee Blvd. West Palm Beach, Fl. 33409**

**Telephone (561) 683-2020 Fax (561)683-2444**

**October 9, 2003**

**Division of Corporations  
Annual Report/Reinstatement  
PO Box 6327  
Tallahassee Fl. 32314**

**To Whom It May Concern:**

**This letter shall serve as confirmation that I never received my Annual Report this year. I received this in the mail today, and I filled it out, and sent it to you with a check. I would request for you to waive the penalty due to this miscommunication. Please feel free to contact me if you need to discuss this matter with me.**

**Sincerely,**



**Keith Schwartz**