

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 JAN 27 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000077886 (6)

1. Corporation Name

FLORIDA DISCOUNT CARD, INC.

Principal Place of Business

Bankrashof 3
1183 NP Amstelveen
Neatherlands

Mailing Address

Bankrashof 3
1183 NP Amstelveen
Neatherlands

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida
10/11/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0622692

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/P	BUCK, KEITH	Meander 597 1181 WN Amstelveen	Neatherlands
D/S/T	BUCK-THEISEN, KARIN	Meander 597 1181 WN Amstelveen	Neatherlands
			3000002072053--5 -01/29/97--01033--002 ****915.00 ****915.00

REINSTATEMENT

96-97
A. Adams
4/27/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PORTLEY, PETER A ESQ
2401 E. Atlantic Boulevard
Suite 410
Pompano Beach, FL 33062

Name
DAVID D. WELCH, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
2401 E. Atlantic Boulevard
Suite, Apt. #, Etc.
Suite 400
City
Pompano Beach
State
FL
Zip Code
33062

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.

Signature of
Registered Agent

David D. Welch

Date

1/22/97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Keith Buck, President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/97 31-20-641-44-49

Date

Daytime Phone #