

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 NOV 13 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000003198**

1. Corporation Name

**Discount Fireworks of Central
Florida, Inc**

2. Principal Office Address

1140 N. Tamiami Tr

Suite, Apt. #, etc.

City & State

Nokomis, FL

Zip

34275

Country

Sarasota

3. Mailing Office Address

1140 N. Tamiami Tr

Suite, Apt. #, etc.

City & State

Nokomis, FL

Zip

34275

Country

Sarasota

REINSTATEMENT

CR2E081 (12/05)

06

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/10/96

5. FEI Number

39-1840650

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gina P. Smith-Vaeretti

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

1415 Falcon Rd

Suite, Apt. #, Etc.

City

Venice

State

FL

Zip Code

34293

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/7/06

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Gina P. Smith-Vaeretti	1415 Falcon Rd.	Venice, FL 34293
VP	William H. Vaeretti	1415 Falcon Rd.	Venice, FL 34293

300081741503
11/13/06--01050--004 **61 25

10. 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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-7-06

Date

941-223-0544

Daytime Phone #

11/14
ad

2/2

DISCOUNT FIREWORKS
1140 N. Tamiami Trail, Nokomis, Florida 34275
941.485.4445 tel, 941-485-1129 fax
hotfireworks@aol.com

November 7, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

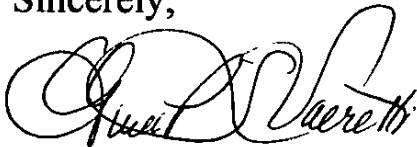
Dear Sir or Madam:

Please find enclosed our annual report for the year 2006.

Please, be advised that we did not receive a letter to renew our report this year.

Should you have any questions, please do not hesitate to contact us at the above number.

Sincerely,

A handwritten signature in black ink, appearing to read "Gina P. Smith-Vaeretti". The signature is fluid and cursive, with the first name "Gina" being particularly prominent.

Gina P. Smith-Vaeretti