

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 5 PM 4:07

DOCUMENT # P96000019643

1. Corporation Name

DISCOUNT CENTER, INC.

2. Principal Office Address

4605 W Flagler St.

Suite, Apt. #, etc.

3. Mailing Office Address

4605 W Flagler St.

Suite, Apt. #, etc.

City & State

Miami, FL 33134

Zip

33134

Country

USA

City & State

Miami, FL 33134

Zip

33134

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 3-4-96

5. FEI Number 65-0648949

Applied /
Not Appl6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Adalberto A. Delgado

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

4605 W. Flagler Street

Suite, Apt. #, etc.

City

Miami

State

FL

Zip Code

33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of
Registered Agent

Adalberto A. Delgado
REGISTERED AGENT MUST SIGN

Date April 5 / 2001

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

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Delgado, Adalberto A.	4605 W. Flagler St.	Miami, FL 33134

10. I certify that I am an officer or director of 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(8)(i), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Adalberto A. Delgado
SIGNATURE OF OFFICER OR DIRECTOR OF THE CORPORATION

Date April 5 / 2001

305 448 290

Date

Daytime Phone #

H01000034565 1

AD

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000034565 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 922-4004

From:

Account Name : CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

CORPORATION REINSTATEMENT

DISCOUNT CENTER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00

Electronic Filing Menu

Corporate Filing

Public Access Help