

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

pg. 102

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000041470

1. Corporation Name

DISCOUNT MAX, INC.

Principal Place of Business

Mailing Address

1049 KINGS AVENUE
JACKSONVILLE FL 32207

1049 KINGS AVENUE
JACKSONVILLE FL 32207

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/08/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3105997

Not Applicable

Zip

Country

Zip

Country

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| D | ROCKER, CHARLES L JR. | 2919 SANTIAGO STREET | TAMPA FL 33629 |
| D | LUMB, ROBIN T | 2164 GILMORE STREET | JACKSONVILLE FL 32204 |
| D | ANDERSON, TERRY | 2164 GILMORE STREET | JACKSONVILLE FL 32204 |
| D | FLETCHALL, DAVID | 2164 GILMORE STREET | JACKSONVILLE FL 32204 |
| | | | |
| | | | |
| | | | |
| | | | |

700002356887--9

11/25/97-01667-004

****165.00 ****165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROCKER, CHARLES L JR
3014 HORATIO STREET
TAMPA FL 33609

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11-19-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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] ROBIN LUMB

10/30/97

904-398-0304

Date

Daytime Phone #

CPRE040 (09/97)



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October 31, 1997

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To whom it may concern:

The original document for our corporation's annual report was mistakenly sent to our Tampa office. We recently received our reinstatement application which I discussed with Amy Allen, of the reinstatement division, today. Enclosed is check #1513 in the amount of \$165.00 per her instructions. Should you have any questions, please do not hesitate to call me. Thank you for your understanding in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Linda Johnson".

Linda Johnson
Bookkeeper