

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

03 JUN 12 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 796000060003

1. Corporation Name

CUNI'S DISCOUNT, INC.

200021299792

07/03/03--0104--025 **1058.75

01-03 Rei-

2. Principal Office Address

570 NW 74 Ave.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami - Fla.

City & State

-

Zip

33126

Country

US

Zip

-

Country

-

4. Date Incorporated or Qualified
To Do Business in Florida

07/17/1996

5. FEI Number

650684282

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FIDEL ESPINOSA

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

570 NW 74 Ave.

Suite, Apt. #, Etc.

City

MIAMI - FLORIDA

State

Zip Code

FL

33126

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

Date

06/11/03

REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>FIDEL ESPINOSA</u>	<u>570 NW 74 Ave</u>	<u>MIAMI - Fla 33126</u>

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 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:

FIDEL ESPINOSA

06/11/03

786-2863910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #