
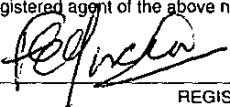
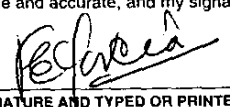


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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 200021299792 07/03/03--01014--025 **1058.75 01-03 Rei-	
DOCUMENT # 79600000600003					
1. Corporation Name CUNI'S DISCOUNT, INC.					
2. Principal Office Address 570 NW 74 Ave. Suite, Apt. #, etc.			3. Mailing Office Address - Same - 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 <input checked="" type="checkbox"/>				\$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 FL	Zip Code 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	
P	FIDEL ESPINOSA	570 NW 74 Ave		MIAMI - Fla 33126	
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		Date 06/11/03	Daytime Phone # 786-2863910