

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 14 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000007654

1. Corporation Name

DISCOVER SOFTWARE INC.

700008335517--5
-10/11/02--01063--005
****750.00 ****750.00

2. Principal Office Address 412 HARBOR VIEW LANE Suite, Apt. #, etc.		3. Mailing Office Address 412 HARBOR VIEW LANE Suite, Apt. #, etc.	
City & State LARGO, FLORIDA		City & State LARGO, FLORIDA	
Zip 33774	Country USA	Zip 33770	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 1/21/97	Applied For Not Applicable
5. FEI Number 593430100	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name PHILLIP P. GILLIAM	
Street Address (P.O. Box Number is Not Acceptable) 412 HARBOR VIEW LANE	
Suite, Apt. #, Etc.	
City LARGO	State FL
	Zip Code 33770

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 10/12/02
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/S	PHILLIP P. GILLIAM	412 HARBOR VIEW LANE	LARGO, FL. 33770

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:  PHILLIP P. GILLIAM Date 10/12/02 (727) 584 6869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PUES. / SUC. Daytime Phone #

CR2E081 (9/01)

10/14/02