51.5105.5515		DEE05E 0			
PLEASE READ ALL INSTRUCTIONS BEF					
FOR	Katherine Harris Secretary of State		99 JUL 20 PH 2: 36		
REINSTATEMENT 2007	DIVISION OF CORPO	RATIONS	99 301 20	V OF STATE	
DOCUMENT # P 97 00000 8878 1 Corporation Name			SECRETARY OF STATE TALLAHASSFE, FLORIDA		
DISCOUNT WORLD WIDE PURCHASING, INC.					
Principal Place of Business Mailing Address					
96275W 142nd Cl					
Miami, Fla 33186			5000029368359 -07/20/9901059015		
If above addresses are incorrect in any way, line thr New Principal Office Address, If Applicable	correction below. Applicable	Date Incorporated or Qualified	35.00 ****900.00		
Suite, Apt. #. etc	Suite, Apt #, etc.		To Do Business in Florida	Tomary 24, 1997	
City & State	City & State		65-07208511	Applied For Not Applicable	
Zip Country	Zip Counti	ry	6 CERTIFICATE OF STATUS DESIR	S8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprolit corporations must list at least 3 directors) Name of Officers. Street Address of Each					
Title(s) and/or Directors Office 3 (Do NOT Use		flicer and/or Director lse Post Office Box N	umbers) 4	City / State / Zip	
P Mireille TRIBIE 96275W.		140tt	MIAM	, F) 33186	
VP CEliNE 1. TRIBIE 154905W		134 plea b	645-501 Mi Ami,	F/ 33177	
		v 142ct	Mi Atni,	F1 33/86	
1 · ·		142ct	,	=1 33186	
S MANUEL LAUREAND 9627 SW 142Ct MIAMILE 33186				7 33186	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent					
Name					
PAUL A. Barthole	Street Address (P.O. Box Number is Not Acceptable)				
PAUL A. Barthole Street. 12855 SW 136 Me; Suite 213 City			pl. #, Etc State Zip Code		
Highing FJ 33/86 City State Zip Code FL 2 To					
Signature of Registered Ageny Aud Park REGISTERED AGENT MUST SIGN Date 7/12/99					
11. This corporation owes the Intangible Personal Proper	Yes No D (See other side for information on inlangible 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.					
MIREILLE TRI	816		· • • • • • • • • • • • • • • • • • • •	Tan Sid -	
SIGNATURE: Muelle SIGNATURE AND TYPED OR FRI	NTED NAME OF SIGNING OFFICER OR	DIRECTOR	7-8-91 Date	305-38-7-2476 Daytin-e Phone #	