

Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : ADVANCE CORPORATE SERVICE, INC.
Account Number : 120070000146
Phone : (305) 406-3800
Fax Number : (305) 406-3999

CORPORATION REINSTATEMENT

FANTASY DISCOUNT CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	000000

\$300.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000099248

1. Corporation Name

FANTASY DISCOUNT CORP.

2. Principal Office Address - No P.O. Box #

4010 W 12th AVE

Suite, Apt. #, etc.

3. Mailing Office Address

4010 W 12 Ave

Suite, Apt. #, etc.

City & State

HIALEAH FL

City & State

Hialeah FL

Zip

33012

Country

USA

Zip

33012

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/1997

5. FEI Number

65-0793892

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

LILIAM OSTOS

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

4010 W 12th AVE

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33012

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of

Registered Agent

Liliana Ostos

Date 4/24/09

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
PD	LILIAM OSTOS	4010 W 12th AVE	HIALEAH FL 33012
VP	LUIS C. BERNAL	4010 W 12th AVE	HIALEAH FL 33012

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 contained in Chapter 119, 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:

Liliana Ostos

4/24/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/09