

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 172

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

WD4000227007

**FILED**

04 JUL -8 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PA8009079100**

1. Corporation Name

**Discovery Electronics, Inc.**

2. Principal Office Address:

**1920 SW 28<sup>TH</sup> Ave.**

3. Mailing Office Address

**SAM2**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Ft. Lauderdale, FL**

City & State

Zip

Country

**33312-4423**

**USA**

Zip

Country

**USA**

500038895605  
07/08/04--01054--007 \*\*750.00

**REINSTATEMENT**

**00-04**

4. Date Incorporated or Qualified  
To Do Business in Florida

**1998**

5. FEI Number

**65-0865326**

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

**Brian Carey**

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

**1920 SW 28<sup>TH</sup> Avenue**

Suite, Apt. #, Etc.

City

**Ft. Lauderdale, FL**

State

**FL**

Zip Code

**33312**

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

**Brian Carey**

REGISTERED AGENT MUST SIGN

Date **7-3-04**

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
<b>VP</b>	<b>Brian Carey</b>	<b>1920 SW 28<sup>TH</sup> Ave.</b>	<b>Ft. Lauderdale, FL 33312</b>
<b>P</b>	<b>Jolene Diamantine</b>	<b>1920 SW 28<sup>TH</sup> Ave.</b>	<b>Ft. Lauderdale, FL 33312</b>

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:

**Brian Carey**

**BRIAN CAREY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-3-04**

Date

**954-415-7692**

Daytime Phone #

CR2E081 (01/04)

13 282

Please as per my conversation with your dept. on 6/30/04

Please:

Waive reinstatement fee, I was surprised to find out it had not been paid since 2000, There was apparently some confusion with my accountant and the addresses listed? The company was dormant for some time but NOT dissolved, we apologize. I have enclosed 750 as requested, to reinstate. Thank You!

Discovery Electronics Inc.

1920 sw 28<sup>th</sup> ave.

Ft. Lauderdale Fl. 33312 ph# 954-327-0872

Federal tax Id# 65-0865326

Brian Carey

6/30/4