

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 16 PM 12:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P99000056520**

1. Corporation Name

AMERICAN DISCOUNT CORPORATION

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

25 S.E. 2nd AVE
Suite, Apt. #, etc. **414**

3. New Mailing Office Address, if Applicable

25 S.E. 2nd AVE
Suite, Apt. #, etc. **414**

4. Date Incorporated or Qualified
To Do Business in Florida

06-22-1999

5. FEI Number :

65-0927631

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DP	Georgiopoulos, Nikolas	#130 2640 S University Dr	Davies, Fl. 33328
D	Georgiopoulos, Claudia	# 130 2640 S University Dr	Davie, Fl. 33328
			500003436175--3 -10/24/00-01019-007 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

Nikolas Georgeopoulos
3401 Emerald Pt. Dr.
Hollywood, Fl. 33021

9. Name and Address of New Registered Agent

Name

Claudia Georgeopoulos

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

25 S.E. 2 AVE #

Suite, Apt. #, Etc.

410

City

Miami

State

FL

Zip Code

33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

☒

[Signature]
REGISTERED AGENT MUST SIGN

Date **10-13-00**

11. 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.

KE

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Claudia Georgeopoulos, Director

Date

Daytime Phone #

(305) 358-8040