

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 NOV 28 AM 11:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **S53942**

1. Corporation Name

THE DISCOVERY ENTERPRISES UNLIMITED INC.

tho

Principal Place of Business

Mailing Address

7281 SW 113 CT. CIRCLE
 MIAMI FL 33173

7281 SW 113 CT. CIRCLE
 MIAMI FL 33173

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. Date Incorporated or Qualified To Do Business in Florida **05/21/1991**

5. FEI Number **65-0265288** 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ST. VILLEN, HORIOL C.	7281 SW 113 CT. CIR.	MIAMI FL
SD	ST. VILLEN, ROSELLE	7281 SW 113 CT. CIR.	MIAMI FL

100004732401--6
 -12/19/01--01003--015
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ST. VILLIER, HORIOL C.
 7281 S.W. 113TH CT., CIRCLE
 MIAMI FL 33137

Name Same

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

Suite, Apt. #, Etc.

City State Zip Code
 FL

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

Horiol C. Villier

Date 10/15/01

REGISTERED AGENT MUST SIGN

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.

SIGNATURE:

Horiol C. Villier

Date 10/15/01

Daytime Phone # 305/595-0176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED40 (8/01)