

# F95000001892

## TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION  
DIVISION OF CORPORATIONS

300001458603  
-04/18/95--01117--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: RETAIL DESIGNS, INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

WILLIAM ABRUZZINO

(Name of Person)

PLAZA MANAGEMENT, INC.

(Firm/Company)

995 SR 434 NORTH, OAK GROVE SHOPPES

(Address)

ALTAMONTE SPRINGS, FLORIDA 32714

(City, State and Zip Code)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 19 AM 9:00

Should you need to call someone concerning this matter, please call:

WILLIAM ABRUZZINO at ( 407 ) 788 - 9111  
(Name of Person) Area Code & Daytime Telephone Number

### COURIER ADDRESS:

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### MAILING ADDRESS:

Qualification/Tax Lien Sec.  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:**

1. RETAIL DESIGNS, INC.

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. STATE OF GEORGIA

(State or country under the law of which it is incorporated)

3. 58-2075257

(FEI number, if applicable)

4. SEPTEMBER 28, 1993

(Date of Incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

7. POST OFFICE BOX 952798

LAKE MARY, FLORIDA 32795-2798

(Current mailing address)

8. OWNER OF SHOPPING CENTERS LOCATED IN THE STATE OF WEST VIRGINIA

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. **Name and street address of Florida registered agent:**

Name: WILLIAM ABRUZZINO

Office Address: 955 SR 434 NORTH, OAK GROVE SHOPPES


ALTAMONTE SPRINGS

, Florida , 32714

(Zip Code)

10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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95 APR 19 AM 9:00

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: WILLIAM ABRUZZINO  
Address: 4555 SOUTH ATLANTIC AVENUE, #4406  
PONCE INLET, FLORIDA 32127-0000

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: REBECCA ABRUZZINO  
Address: 4555 SOUTH ATLANTIC AVENUE, #4406  
PONCE INLET, FLORIDA 32127-0000

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

B. OFFICERS

President: WILLIAM ABRUZZINO  
Address: 4555 SOUTH ATLANTIC AVENUE, #4406  
PONCE INLET, FLORIDA 32127-0000

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary: REBECCA ABRUZZINO  
Address: 4555 SOUTH ATLANTIC AVENUE, #4406  
PONCE INLET, FLORIDA 32127-0000

Treasurer: REBECCA ABRUZZINO  
Address: 4555 SOUTH ATLANTIC AVENUE, #4406  
PONCE INLET, FLORIDA 32127-0000

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. William Abruzzino  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. WILLIAM ABRUZZINO, PRESIDENT  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 19 AM 9:00

**Secretary of State**  
**Corporations Division**  
**Suite 313, West Tower**  
**2 Martin Luther King Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

DOCKET NUMBER : 950960979  
CONTROL NUMBER : 9322401  
DATE INC/AUTH/FILED : 09/28/1993  
JURISDICTION : GEORGIA  
PRINT DATE : 04/06/1995  
FORM NUMBER : 211

PLAZA MANAGEMENT  
ATTN: WILLIAM ABRUZZINO  
1535 MASTERS CLUB DR  
ATLANTA GA 30350

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 19 AM 9:00

**CERTIFICATE OF EXISTENCE**

I, **MAX CLELAND**, Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**RETAIL DESIGNS, INC.**  
**A DOMESTIC PROFIT CORPORATION**

was formed in the jurisdiction stated above and was incorporated, formed, or authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution or certificate of cancellation with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



*Max Cleland*  
**MAX CLELAND**  
**SECRETARY OF STATE**

CORPORATIONS  
656-2817

CORPORATIONS HOT LINE  
404-656-2222  
Outside Metro-Atlanta

**F 95000001892**  
**STATE OF FLORIDA**  
**OFFICE OF THE COMPTROLLER**  
**APPLICATION FOR REFUND**

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued or else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: RETAIL DESIGNS, INC. EIN or SS#: 58-2075257

Address: POST OFFICE BOX 952798  
LAKE MARY, FLORIDA 32795-2798

Amount: 225 Date Paid 7-25-96  
Reason for claim: F950000001892 duplicate  
check on the AC

Certified true and correct this 5TH day of AUGUST, 19 96.

Signature William Bluzgine, President

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	Amount of recommended refund \$ <u>225</u>
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. <u>907418 053</u> dated <u>7-25-96</u>	
Name of Account	<u>45202130001453000000000010000</u>
Statutory Authority for Collection	<u>607</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT:	<u>452021300014530000000022002000</u>
Certified true and correct this <u>15</u> day of <u>August</u> , 19 <u>96</u>	<u>Karon Beyer</u> BUREAU CHIEF
Department of State, Division of Corporations (Agency)	(Authorized Signature and Title)