

F95000001994
TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

200001459612
-04/18/95--01117--005
*****78.75 *****78.75

SUBJECT: CENTER 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)

9/4/19
95 APR 19 AM 9:06
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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. CENTER 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. 58-2011939

(FEI number, if applicable)

4. JULY 25, 1990

(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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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 32127-000

Vice President: _____
Address: _____

Secretary: REBECCA ABRUZZINO
Address: 4555 SOUTH ATLANTIC AVENUE, #4406
PONCE INLET, FLORIDA 32127-000

Treasurer: REBECCA ABRUZZINO
Address: 4555 SOUTH ATLANTIC AVENUE, #4406
PONCE INLET, FLORIDA 32127-000

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

13. *William Abruzzino, Pres*
(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
Corporations Division
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530**

DOCKET NUMBER : 950960976
CONTROL NUMBER : 9014133
DATE INC/AUTH/FILED: 07/25/1990
JURISDICTION : GEORGIA
PRINT DATE : 04/06/1995
FORM NUMBER : 211

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

CERTIFICATE OF EXISTENCE

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

**CENTER 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

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CORPORATIONS
656-2817

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

F9500001894

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 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: CENTER DESIGNS, INC. EIN or SS#: 58-2011939

Address: POST OFFICE BOX 952798

LAKE MARY, FLORIDA 32795-2798

Amount: \$225 Date Paid 7-24-96
Reason for claim: F9500001894 duplicate filing of the AR

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

Signature Melan Obegins

* 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 \$ 225

The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. 907401281 dated 7-24-96

Name of Account: 45202130001453000000000010000

Statutory Authority for Collection: 607

It is requested that payment be made from the following account:

NAME OF ACCOUNT: 452021300014530000000022002000

Certified true and correct this _____ day of _____, 19 _____.

Department of State, Division of Corporations
(Agency) _____ (Authorized Signature and Title)