

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-05  
150-w

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 MAR -1 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # LD4000029580

1. Limited Liability Company's Name

Refund Card, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #  
1125 West Lake St.  
Suite, Apt. #, etc.

3. Mailing Office Address  
P.O. Box 310  
Suite, Apt. #, etc.

City & State  
Hollywood, Fl  
Zip  
33019 Country  
USA

City & State  
Hallandale, Fl  
Zip  
33008 Country  
USA

State/Country of Formation  
Florida  
5. Date Organized or Qualified  
To Do Business in Florida April 19, 2004  
6. FEI Number Applied For  
☒ Not Applicable  
7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent  
Name  
David S. Romanik  
Street Address (P.O. Box Number is Not Acceptable)  
1125 West Lake St.  
Suite, Apt. #, Etc.  
City  
Hollywood State  
FL Zip Code  
33019

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  
Signature of  
Registered Agent David S Romanik Date February 12, 2007  
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	David S. Romanik	1125 West Lake St.	Hollywood, Fl 33019
MGRM	Richard L. Braman, Jr.	19752 N. Riverside Dr.	Tequesta, Fl 33469

REINSTATEMENT 05-07

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03/07/07-01035-013-015.00  
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03/07/07-01035-013-015.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager David S Romanik Date February 12, 2007 Daytime Phone # 954-610-4441

Typed or printed name of signing Managing Member/Manager David S. Romanik