PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 01101 WCC

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

FILED
02 MAY -3 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****300.00 ****300.00

DOCUMENT # P00000056741

1. Corporation Name

REFINED BENEFITS, INC

2. Principal Office Address	**3.** Mailing Office Address
5313 CEDARSHAKE LANE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Valrico FL 33594	City & State
Zip: 33594 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 6-12-2000

5. FEI Number: 593652048 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JOSEPH P. SULLIVAN

Street Address (P.O. Box Number is Not Acceptable): 5313 Cedarshake LANE

Suite, Apt. #, Etc.:

City: Valrico State: FL Zip Code: 33594

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Date: 4-30-02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	JOSEPH P. SULLIVAN	5313 Cedarshake LANE	Valrico FL 33594

05/13

10. 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: [signature] 4-30-02 813 383 5208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Refined Benefits, Inc.
5313 Cedarshake Lane
Valrico, FL 33594

May 1, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Reinstatement

To whom it may concern:
I never received the form necessary to pay the annual $150 fee. After speaking with Division of Corporations I was instructed to send this letter with a check for $300 to rectify the situation.

Please send confirmation to the stated address confirming my company is in compliance and this will not happen again.

Sincerely,

Joseph P. Sullivan
President