

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN -3 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000087628

1. Corporation Name

REFRITEC SYSTEMS, INC.

2. Principal Office Address

1100 SATINLEAF STREET

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33019-4805

Country

USA

3. Mailing Office Address

6163 MIAMI LAKES DR EAST

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL

Zip

33014

Country

USA

4. Date Incorporated or Qualified
To Do Business In Florida

09/14/2000

5. FEI Number

65-1038246

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

NASR BAWI

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

1100 SATINLEAF STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33019

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

REGISTERED AGENT MUST SIGN

Date 05/27/03

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
D/P	NASR BAWI	1100 SATINLEAF STREET	HOLLYWOOD, FL 33019

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:

NASR A. BAWI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/27/03

Date

954-929-4999

Daytime Phone #

CR2001 (10/02)

216/3

Attachment

May 27, 2003

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

REF: ANNUAL REPORT: YEAR 2003

REFRITEC SYSTEMS, INC.

DOC # P00000087628

To Whom It May Concern:

~~AS PER OUR CONVERSATION, WE NEVER RECEIVED AN ANNUAL REPORT~~
DUE TO A WRONG MAILING ADDRESS. PLEASE NOTE THE NEW MAILING
ADDRESS IN ATTACHED ANNUAL REPORT "MAILING ADDRESS" ON ANNUAL
REPORT FORM AS PER YOUR INSTRUCTIONS.

WE ARE REPECTFULLY REQUESTING THAT THE DIVISION OF
CORPORATIONS ACCEPT THE \$ 150.00 IN PAYMENT OF THE ANNUAL
REPORT AND \$ 8.75 FOR CERTIFICATE OF STATUS AS REQUESTED.

THANKING YOU IN ADVANCE FOR YOUR UTMOST CONSIDERATION.

Sincerely,



NDSR A. BAW
REFRITEC SYSTEMS, INC
954-929-4999