

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUN 30 AM 8:33

DOCUMENT # P05000065051

1. Corporation Name

FLORIDA REFINERS & CONSULTANTS INC.

2. Principal Office Address - No P.O. Box #

160 West Key Palm Road

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

Zip

33432

Country

USA

3. Mailing Office Address

160 West Key Palm Road

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

Zip

33432

Country

USA

7. Name and Address of Current Registered Agent

Name

Glenn Goldberg, Esq.

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

200 central Avenue

Suite, Apt. #, Etc.

290

City

St. Petersburg, Florida 33701

State

FL

Zip Code

33701

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

6/22/09

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.	Mitchell Kaminsky	160 West Key Palm Road	Boca Raton, Florida 33432

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mitchell Kaminsky

Date

6/22/09

Daytime Phone #

REINSTATEMENT

07-09

KS

4. Date Incorporated or Qualified To Do Business in Florida 05/02/2005

5. FEI Number

202815132

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☒ The 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 reinstatement fee be waived.

000157967740
06/30/09 01005-009 **450.00