

2008 FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR -4 PM 12:39

DOCUMENT # P06000100720

1. Entity Name
THE FLORIDA REFUND CENTER INC.



Principal Place of Business
1730 S FEDERAL HWY 3336
DELRAY BCH, FL 33483

Mailing Address
1730 S FEDERAL HWY 3336
DELRAY BCH, FL 33483

2. Principal Place of Business - No P.O. Box #

701 SE 6TH AVE

Suite, Apt. #, etc.

SUITE 102

City & State

DELRAY BEACH FL

Zip

33483

Country

US

3. Mailing Address

701 SE 6TH AVE

Suite, Apt. #, etc.

SUITE 102

City & State

DELRAY BEACH FL

Zip

33483

Country

US

02112008 REIN-P CR2E098 (1/07)

4. FEI Number

20-5688580

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEINSTEIN, JEFFREY C
5499 N FEDERAL HWY STE K
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name

JOHN P. MILLER

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

2499 GLADES RD STE 305A

City

BOCA RATON

FL

Zip Code

33431

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME DELANO, TARA
STREET ADDRESS 1730 S FEDERAL HWY 3336
CITY-ST-ZIP DELRAY BCH, FL 33483

TITLE D ☐ Delete
NAME COHEN, LISA M
STREET ADDRESS 1730 S FEDERAL HWY 3336
CITY-ST-ZIP DELRAY BCH, FL 33483

TITLE ☐ Delete
NAME **REINSTATEMENT**
STREET ADDRESS **REINSTATEMENT**
CITY-ST-ZIP **REINSTATEMENT**

TITLE ☐ Delete
NAME **REINSTATEMENT**
STREET ADDRESS **REINSTATEMENT**
CITY-ST-ZIP **REINSTATEMENT**

TITLE ☐ Delete
NAME **REINSTATEMENT**
STREET ADDRESS **REINSTATEMENT**
CITY-ST-ZIP **REINSTATEMENT**

TITLE ☐ Delete
NAME **REINSTATEMENT**
STREET ADDRESS **REINSTATEMENT**
CITY-ST-ZIP **REINSTATEMENT**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME DELANO, TARA
STREET ADDRESS 701 SE 6 AVE STE 102
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE D ☒ Change ☐ Addition
NAME COHEN, LISA
STREET ADDRESS 701 SE 6 AVE STE 102
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE D ☐ Change ☒ Addition
NAME ROSENTHAL, RYAN
STREET ADDRESS 701 SE 6 AVE STE 102
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE D ☐ Change ☒ Addition
NAME COHEN, EREZ
STREET ADDRESS 701 SE 6 AVE STE 102
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE ☐ Change ☐ Addition
NAME 400118851064
STREET ADDRESS 02/26/08--01029--012
CITY-ST-ZIP **300.00

TITLE ☐ Change ☐ Addition
NAME **REINSTATEMENT**
STREET ADDRESS **REINSTATEMENT**
CITY-ST-ZIP **REINSTATEMENT**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EREZ COHEN

DATE

2/11/08

Daytime Phone #

561819-7000