PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM				DEPAR Secretar	y of S			F 1 2 2 10 MAR -9	AM 11: 14
DOCUMENT # P07000068111 1. Corporation Name								SCURE LANGUE STATE TELLA MASSEE, FLORIDA		
COMMUNITY REFRESHMENTS, INC										
								600171654516 03/09/1001018008 **450.00		
'	al Office Addre		Mailing Office Address 6708 BENJAMIN ROAD			ROAD	CR2E081 (11/09)			
Suite, Apt. #			Suite, Apt. #, etc				Date Incorporated or Qualified			
SUITE			SUITE 400 City & State				To Do Business in Florida 061107			
TAMPA				TAMPA					5. FEI Number Applied For 26-0334306 Not Applicable	
^{Zip} FL	Country HILLSBOROUGH			Zip FL		Coun	SBOROUGH	6. CERTIFICATE	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required a Certificate of State	
7. Name and Address of Current Registered Agent										
Name FRANK, MARNI								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.		
Street Address (P.O. Box Number is Not Acceptable)										
6708 BENJAMIN ROAD Suite, Apt. #, Etc.										
SUITE 400 City State Zip Code										
TAMPA FL 33634										
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob- Signature of Registered Agent REGISTERED AGENT MUST SIGN								Date 03-02-10		
9. Names	and Street A	dresses					orations must list at lea	ast 3 directors)		
Titles	Name of Officers and/or Directors						Street Address of Each Officer and/or Director		City / Sta	ite / Zìp
Р	FRANK, MARNI				6708 BENJAMIN ROAD, S			SUITE 400	TAMPA, FL	33634
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REINSTATEMENT										
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							8 #B G			
10. E-mail Address: MFRANK@COMMUNITYREFRESHMENTS.COM (To be used for future annual report notification)										
this rein: awed by	statement app	lication, t	he reason for diss	olution has been	npowered to eliminated,	execut the corp ated on t	e this application as proporate name satisfies the this application is true	rovided for in chap he requirements o	oter 607 or 617, F.S. I further if section 607.0401 or 617.04 my signature shall have the	01, F.S., that all fees
SIGNAT		14	SIGNATURE AND	UCA TYPED OR PRINT	LLL ED NAME OF		RNI FRANK	OR	03-02-10 Date	Daytime Phone #

Daytime Phone #