


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS
W08000003963

DOCUMENT # **V09497**

1. Corporation Name

RFN CORPORATION
2401 ESTERO BLVD
FT. MYERS BCH, FL 33931

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

2401 ESTERO BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FT. MYERS BCH, FL

City & State

Zip

33931

Country

Zip

Country

7. Name and Address of Current Registered Agent

Name

NIR COHEN

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

2401 ESTERO BLVD

Suite, Apt. #, Etc.

City

FT. MYERS BCH, FL 33931

State

FL

Zip Code

33931

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

X 

Date

1/18/08

REGISTERED AGENT MUST SIGN

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
P	NIR COHEN	2401 ESTERO BLVD	FT MYERS BCH, FL 33931
VP	RAM GERSTENHABER	503 HOLIDAY DRIVE	HALLANDALE, FL 33009

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: **X** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/18/08

Daytime Phone #

239-7651345

FILED

2008 FEB -6 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800115803988
02/06/08--01012--025 **158.75

800115803988
01/22/08--01059--023 **600.00
REINSTATEMENT
CR2E081 (12/07) 004508

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65-0309416

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.