PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 JUL 17 PM 3:16

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DOCUMENT # P06000039235

1. Corporation Name
INFINITY HOME CARE, INC.

2. Principal Office Address - No P.O Box #	3. Mailing Office Address
13190 SW 134 STREET	13190 SW 134 STREET
Suite, Apt. #, etc. 206	Suite, Apt. #, etc 206
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33186 Country USA	Zip 33186 Country USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 3/17/2006

5. FEI Number 42-1698615 ☐ 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: VICTOR H. DE YURRE, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 6780 CORAL WAY

Suite, Apt. #, Etc:

City: MIAMI State: FL Zip Code: 33155

YRS. 15-19

JUL 17 2019

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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: VICTOR H. DE YURRE Date: 6/28/19

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/D	ANTONIO MARRERO	3601 SW 139 AVENUE	MIAMI, FLORIDA 33175
VP	ANTONIO MARRERO, JR.	3601 SW 139 AVENUE	MIAMI, FLORIDA 33175

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10. E-mail Address: DEYURRE@AOL.COM
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: PRESIDENT 6/28/19 3056323682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #