

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

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DOCUMENT # F01000005221

**1. Corporation Name**

Infinite Space Systems, Inc.

**REINSTATEMENT** 03

**2. Principal Office Address**

752 Waterway Drive

Suite, Apt. #, etc.

City & State

North Palm Beach, FL

Zip

33408

Country

USA

**3. Mailing Office Address**

752 Waterway Drive

Suite, Apt. #, etc.

City & State

North Palm Beach, FL

Zip

33408

Country

000025942570

01/05/04--01002--023 \*\*785.00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/05/2001

**5. FEI Number**

593175775

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

Richard S. Cohen

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

1601 Forum Place

Suite, Apt. #, Etc.

Suite 304

City

West Palm Beach

State

FL

Zip Code

33401

**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

Date Dec. 29, 2003

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
VD	Alex Athineos	752 Waterway Drive	North Palm Beach, FL 33408
ST	Anna K. Athineos	752 Waterway Drive	North Palm Beach, FL 33408
CD	M. Michael Kulukundis	752 Waterway Drive	North Palm Beach, FL 33408
D	James J. McNamara	752 Waterway Drive	North Palm Beach, FL 33408

**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 under section 119.07(3)(i), 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:**

Richard S. Cohen, RA

12/29/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #