## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT # F04000006489 FILED 1. Entity Name SECRETARY OF STATE DIVISION OF CORPORATIONS INFINITY FINANCIAL HOLDING CO. 05 DEC 22 AM 9: 52 DEMISTA: CWENT Principal Place of Business Mailing Address 1700 66TH STREET NORTH SUITE 301 1700 66TH STREET NORTH SUITE 301 ST. PETERSBURG, FL 33710 ST. PETERSBURG, FL 33710 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 11222005 REIN-P CR2E098 (6/04) City & State City & State 4. FEI Number Applied For 20-1026635 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STROTHMAN, NICOLE 2350 N 34 ST. N ST. PETERSBURG, FL 33713 his statement for the r urpose of ghanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity sup hits the obligations of registere SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent a FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2006, Fee will be \$300.00 corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. CP D TITLE ☐ Delete TITLE Change ☐ Addition Timothy Bodner 1700-66th St. N., Swite 301 BODNER, TIMOTHY NAME NAME 125 7TH ST. E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TIERRA VERDE, FL 33715 CITY-ST-ZIP St. Petersburg. FL 33710 VST ☐ Delete TITLE Addition TITLE ZOROVICH, ANDREW Andrew Zorovich NAME 209 OSCEOLA RD STREET ADDRESS 1700-66th 5t.N., S STREET ADDRESS CITY-ST-ZIP St. Petersburg CITY-ST-ZIP BELLEAIR, FL 33756 .FL 33710 DV ☐ Addition ☐ Delete TITLE TITLE Linda Guthrie **GUTHRIE, LINDA** NAME NAME 1700-66th St. N. Suite 301 STREET ADDRESS 14219 85TH AVE. STREET ADDRESS CITY-ST-ZIP t. Petersburg, FL 33710 CITY-ST-ZIP SEMINOLE, FL 33776 ☐ Delete ☐ Addition TITLE Steven Brasner BRASNER, STEVEN NAME 1700.66th St. N., Suite 301 3413 DOVEOOTE MEADOW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP t. Retersburg, FL 33710 CITY-ST-ZIP **DAVIE, FL 33328** Addition ☐ Delete TITLE TITLE William Brooke, Jr. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 life empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF Daytime Phone #