

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Catherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

00 OCT 31 PM 2:30

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # F96000006714

1. Corporation Name  
 INFIMED, INC.

Principal Place of Business Mailing Address  
 121 METROPOLITAN DR. 121 METROPOLITAN DR.  
 LIVERPOOL NY 13088 LIVERPOOL NY 13088



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 12/23/1996  
 5. FEI Number 11-2932413 Applied For Not Applicable  
 6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<del>P</del>	<del>YAEGER, WILLIAM D</del>	<del>2804 HILTON DRIVE</del>	<del>BALDWINVILLE NY 13027</del>
<del>V</del>	<del>OAKLEY, KEVIN C</del>	<del>107 GREELEY CIR.</del>	<del>LIVERPOOL NY 13090</del>
SD	SHOENFELD, MARTHA	1101 LINWOOD ST.	BROOKLYN NY
D	SHOENFELD, NORMAN	1101 LINWOOD ST.	BROOKLYN NY
P	Fleming, Brian	4095 Cortina Road	Baldwinsville, NY 13027
V	Ryan, Amy	5016 Surrey Drive	Syracuse, NY 13215

8. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable) 9000003468799--7  
 Suite, Apt. #, Etc. -11/17/00--01067--019  
 City \*\*\*\*150.00 \*\*\*\*150.00  
 State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
 Signature of Registered Agent *Emelia Thompson* Date 10/26/2000  
 AUTHORIZED REPRESENTATIVE  
 REGISTERED AGENT MUST SIGN

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., 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: *Emelia Thompson* 10-18-00 (315) 453-4545  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)



2062

October 18, 2000

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Re: Document #F96000006714

Dear Sir or Madam:

Enclosed, please find the completed Florida Department of State Application for Reinstatement for Infimed, Inc., and our check in the amount of \$150.00 in payment of the 2000 Annual Report fee.

Regrettably, this is this first form we received regarding this years' Annual Report. When I expressed my concern to Cathy at your office that this is the second consecutive year that we did not receive the Annual Report until this dissolution stage, she suggested that I appeal to you to have the reinstatement fee waived. We paid the reinstatement fee last year, having not received the original Annual Report form for 1999 either. I would also request that you verify that the forms are being sent to our corporate address, 121 Metropolitan Drive, Liverpool, NY 13088, as I am unsure as to why we are not receiving the original documents.

Thank you in advance for your time and consideration. Please contact me at (315) 453-4545 x266 should you require additional information, or if I may be of further assistance.

Respectfully,

Carrie Murphy  
Accounting Manager