

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 SEP -9 AM 8:44

**DOCUMENT #**

**1. Corporation Name**

Financier Solutions Inc  
DBA Infinity Lending

F98000002428

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
300007729513-4  
-09/13/02--01034--012  
\*\*\*1200.00 \*\*\*1200.00

**REINSTATEMENT** 99-02

**2. Principal Office Address**

1910 St. Joe Center Rd

Suite, Apt. #, etc.

661

City & State

Ft Wayne In

Zip

46825

Country

Allen

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

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

Nov 9 1995

**5. FEI Number**

35-1967582

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

Sandra Woods

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

7415 San Salvador Dr.

Suite, Apt. #, Etc.

City

Port Richey

State  
FL

Zip Code

34648

**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

Sandra Woods

REGISTERED AGENT MUST SIGN

Date

9/4/02

**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
Pres	LARRY R. MAUGHERMAN	8218 Post Oak Ct	Ft Wayne In 46825
Exp	DAVID C. BOOLE	6619 Cherry Hill Pkwy	Ft Wayne In 46835

**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:**

LARRY R. MAUGHERMAN

LARRY R. MAUGHERMAN

Date

9/4/02

Daytime Phone #

260.426.2301

CR2ENST (9/01)

js 9/10/02