

250.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**  
**2005-2007**

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



**FILED**  
 07 FEB 21 AM 9:19  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT #** L03000038762

1. Limited Liability Company's Name  
INFINITY HOSPITALITY SERVICES GROUP, LLC

CR2E041 (8/05)

2. Principal Office Address <u>4162 SW 188th Avenue</u>		3. Mailing Office Address <u>4162 SW 188th Avenue</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Miramar, FL</u>		City & State <u>Miramar, FL</u>	
Zip <u>33029</u>	Country <u>USA</u>	Zip <u>33029</u>	Country <u>USA</u>

4. State/Country of Formation <u>FLORIDA, USA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>10/10/2003</u>	
6. FEI Number <u>43-2041814</u>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name <u>Corporation Service Company</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>1201 Hays Street</u>		
Suite, Apt. #, Etc.		
City <u>Tallahassee</u>	State <u>FL</u>	Zip Code <u>32301</u>

*JS*

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent \_\_\_\_\_ Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MEM</u>	<u>Pilar A. Stewart</u>	<u>4162 SW 188th Avenue</u>	<u>Miramar, FL 33029</u>
<u>MEM</u>	<u>Eric L.W. Stewart</u>	<u>4162 SW 188th Avenue</u>	<u>Miramar, FL 33029</u>

**REINSTATEMENT** 05-07  
000099029930  
02/23/07--01007--015 \*\*250.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Pilar A. Stewart Date 1/30/07 Daytime Phone # 954 4418091

Typed or printed name of signing Managing Member/Manager Pilar Arizmandi Stewart 954 4418336

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 FEB 21 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

**DOCUMENT #** m04-4443

**1. Limited Liability Company's Name**

Stephen Greenway Masonry LLC

**2. Principal Office Address - No P.O. Box #**

199 Luffa Lane

Suite, Apt. #, etc.

**3. Mailing Office Address**

P.O. Box 522

Suite, Apt. #, etc.

**City & State**

DeFuniak Springs, FL

**City & State**

Destin, FL

**Zip**

32433

**Country**

**Zip**

32540

**Country**

**4. State/Country of Formation**

GA

**5. Date Organized or Qualified  
To Do Business in Florida**

Oct. 18, 2004

**6. FEI Number -**

58-2356060

☐ Applied For

☐ Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

**Name**

Scott Seales

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

52 Franklin Dr.

Suite, Apt. #, Etc.

**City**

Crawfordville, FL

**State**

FL

**Zip Code**

32327

☐ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

**Signature of  
Registered Agent**

Scott Seales

**Date** 02/20/07

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MGR</u>	<u>Stephen Greenway</u>	<u>199 Luffa Lane DeFuniak Springs, FL 32433</u>	<u>DeFuniak Springs, 32433</u>

500089029885  
02/23/07--01007--016 \*\*250.00

**REINSTATEMENT** 05-107

**11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager**

Stephen Greenway

**Date** 02/20/07

**Daytime Phone** (770) 231-3354

**Typed or printed name of signing Managing Member/Manager**

Stephen Greenway