2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 17, 2007
Secretary of State

DOCUMENT# L04000016699

Entity Name: INFINITY BENEFITS U.S., L.L.C.

Current Principal Place of Business:	**New Principal Place of Business:**
3019 DELCREST PLACE LAKE MARY, FL 32746	

Current Mailing Address:	**New Mailing Address:**
3019 DELCREST PLACE LAKE MARY, FL 32746	3019 DELLCREST PLACE LAKE MARY, FL 32746

FEI Number: 20-1194842 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
MEINKEN, BRYAN W 3019 DELLCREST PLACE LAKE MARY, FL 32746 US	

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRYAN MEINKEN

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:		**ADDITIONS/CHANGES:**	
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	MEINKEN, BRYAN	Name:	
Address:	3019 DELLCREST PLACE	Address:	
City-St-Zip:	LAKE MARY, FL 32746	City-St-Zip:	
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	JAIN, VIK	Name:	
Address:	5021 SOUTHERN HILLS DR	Address:	
City-St-Zip:	FRISCO, TX 75034	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BRYAN MEINKEN MGRM 10/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date