

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 APR 25 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000076940

1. Limited Liability Company's Name

INFINITY MARKETING SOLUTIONS L.L.C.

2. Principal Office Address - No P.O. Box #
3946 ESTEPONA AVE

3. Mailing Office Address
3946 ESTEPONA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33178

Country
USA

Zip
33178

Country
USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida
10/22/04

6. FEI Number
20-1796144

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
NILSAN HENRIQUEZ

Street Address (P.O. Box Number is Not Acceptable)
3946 ESTEPONA AVE

Suite, Apt. #, Etc.

City
MIAMI

State Zip Code
FL 33178

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

Nilsan Henriquez

REGISTERED AGENT MUST SIGN

Date **04/12/07**

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
MGRM	NILSAN HENRIQUEZ	3946 ESTEPONA AVE	MIAMI, FL 33178

05/08/07--01010--024 **150.00

REINSTATEMENT 05-07

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

Nilsan Henriquez

Date **04/12/07**

Daytime Phone# **786-319-0980**

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