

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000060982

1. Limited Liability Company's Name

Infinity Learning, LLC

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

3724 Adams Street

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip

33021

Country

USA

3. Mailing Office Address

3724 Adams Street

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip

33021

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 6/20/2005

6. FEI Number

55-0899319

☒ 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

patrick Lacouty

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

3724 Adams Street

Suite, Apt. #, Etc.

City

Hollywood,

State

FL

Zip Code

33021

☐ 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:

REGISTERED AGENT MUST SIGN

Date 10/19/2009

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	Nancy Lacouty	Same as above	01/06/10--01043--001 **272.50
MGRM	Patrick Lacouty	Same as above	700162351557

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

Date 10/19/09

Daytime Phone # (786) 413-8545

Typed or printed name of signing Managing Member/Manager

Nancy Lacouty

FILED
10 JAN -7 AM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700162351557
10/30/09--01043--010 **382.50
CR2E041 (10/08)

REINSTATEMENT

2007-1008

655.00

S. HAWKES
NOV 1 2009
EXAMINER
JAN 8 2010
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2009

INFINITY LEARNING, LLC
3724 ADAMS STREET
HOLLYWOOD, FL 33021

SUBJECT: INFINITY LEARNING LLC
Ref. Number: L05000060982

We have received your document for INFINITY LEARNING LLC and your check(s) totaling \$382.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$50.00 filing fee per year for the years 2007 through 2009; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$272.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 809A00034879