

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000104736 1. Entity Name INFINITY DEVELOPMENT GROUP OF FLORIDA, LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 NOV 17 AM 9: 02	
Principal Place of Business 6245 LAKE SAWYER DRIVE WINDERMERE, FL 34786				Mailing Address P.O. BOX 1071 WINDERMERE, FL 34786			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 20-3814521				11082006 REIN-LLC CR2E101 (11/05) Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent SCOTT, CHRISTOPHER D 3205 WAUSEON DRIVE WINDERMERE, FL 34786			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code							
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <i>Christopher Scott</i> 11/07/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCOTT, CHRISTOPHER D 3205 WAUSEON DRIVE WINDERMERE, FL 34786 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	100081905391 11/17/06--01046--020 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Christopher Scott</i> 11/07/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							