

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT 14 AM 8:58

DOCUMENT # L08000076117

1. Limited Liability Company's Name

INFINITE NIGHTLIFE ENTERPRISES, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
5510 PHILIPS HWY

3. Mailing Office Address
5510 PHILIPS HWY

Suite, Apt. #, etc.
SUITE 12

Suite, Apt. #, etc.
SUITE 12

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

Zip Country
32207 USA

Zip Country
32207 USA

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 08/2008 8/7/08

6. FEI Number
80-0464779

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
FREDERICK ADDO

Street Address (P.O. Box Number is Not Acceptable)
5510 PHILIPS HWY

Suite, Apt. #, Etc.
SUITE 12

City
JACKSONVILLE

State Zip Code
FL 32207

☒ 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

Date 10/9/09

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
MGR	FREDERICK ADDO	2804 SAND CRANE CT-	ORANGE PARK, FL 32072

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REINSTATEMENT 2009

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 10/09/09

Daytime Phone # 904-866-4381

Typed or printed name of signing Managing Member/Manager FREDERICK ADDO

T. Hampton OCT 15 2009