

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

RECEIVED  
7: AND  
FILED

01 DEC 24 PM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N00000002788*

**1. Corporation Name**

INFINITO ART & CULTURAL FOUNDATION, INC.

**2. Principal Office Address**

11601 BISCAYNE BLVD.

Suite, Apt. #, etc.

# 306

City & State

NORTH MIAMI, FL

Zip

33181

Country

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT *2001*

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65-1032606

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

JEFFREY ROY COHEN, ESQ.

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

297 SUNNY ISLES BLVD.

Suite, Apt. #, Etc.

City

SUNNY ISLES BEACH, FL 33160

State

FL

Zip Code

400004769804--4

01/11/02-01053-022

\*\*\*\*236.25 \*\*\*\*36.25

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/20/01

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip    |
|--------|--------------------------------------|---------------------------------------------------|-----------------------|
| D      | HOOVER, CLAUDIA                      | 2350 N.E. 135 STREET                              | NORTH MIAMI, FL 33181 |
| D      | DUTRA, ADRIANA                       | 2350 N.E. 135 STREET                              | NORTH MIAMI, FL 33181 |
| D      | SPINELLI, VIVIAN                     | 6830 INDIAN CREEK DRIVE, 6F                       | MIAMI BEACH, FL 33141 |
|        |                                      |                                                   |                       |
|        |                                      |                                                   |                       |
|        |                                      |                                                   |                       |

**10.** I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/19/01 (305) 899 8998

Daytime Phone #

CR2E081 (9/00)