PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P0100060264

1. Corporation Name

Principal Place of Business

INFINITE DESIGN LANDSCAPING, INC.

Mailing Address

FILED

03 HOV 14 PH 3: 49

SECRETARY OF STATE TALLAHASSEE, FLORIDA

740 CAVALLA RD. ATLANTIC BCH FL 32233			740 CAVALLA RD. ATLANTIC BCH FL 32233							
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							800024713598			
				ling Office Address, If Applicable		11/14/03				
Suite, Apt. #, etc. Suite, Apt.				, etc.						
City & State City &			City & State	ksonville FIA - 32225		59-3724148 Not Applicable				
Zip		Country		Zip Country		6. CERTIFICATE	ATE OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status			
7. Names	and Street Ac	ddresses of Each Officer and/	or Director (Flo	rida nonprofit corpo	rations must list at lea	ast 3 directors)				
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			
PD	HEUSTIS, CAMERON			740-GAVALLA-RD.			ATLANTIC BCH FL 32233			
VS	HEUSTIS, CATHERINE			740 CAVALLA RD.			ATLANTIC BCH FL 32233			
PD	HEUSTIS, CAMERON			12570 Chase Crk Lane 12570 Chase Crk Lane			Jax 7/a 32225			
vS	HEWTIS , Catherine			12570 Chase CHE Lane			Jax 7/a 32225 Jax 7/a 32225			
			•							
Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent				
	TIS, CAMER	•	- tur		Name Heustis, Carner on Street Address (P.O. Box Number is Not Acceptable)					
_	NTIG B CH-FI			>	Suite, Apt. #, Etc. Tax Fla 32225					
					City			State Zip Co	ode	
10. I, bein Signature Registered	of 🏑	present of the about	least	oration, am familiar v	with and accept the of	bligations of Secti	on 607.0505, F.S. or 617			

CR2E040 (7/03

11. 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

1/4/03 904 230 010
Date Daytime Phone #

To whom it may concern,

11/4/03

We have moved in the last year and did not receive the correct information as to when our latest UBR was needed. Our address listed inside the UBR is incorrect and the new address is listed below. Please accept this late form without penalty because of the address being incorrect.

Thank you for your time,

Catherine Heustis

Infinite Design Inc. secretary

12570 Chase Creek Lane Jacksonville, Fla. 32225