

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 # P01000071808

1. Corporation Name

INFINITE CONSTRUCTION GROUP, INC.

Principal Place of Business

481 IVES DAIRY ROAD #D-104  
MIAMI FL 33179

Mailing Address

481 IVES DAIRY ROAD #D-104  
MIAMI FL 33179

REINSTATEMENT



500024875725  
11/20/03--01002--028 \*\*150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

ADD NE Miami Gardens Drive

Suite, Apt. #, etc.

205

City & State

Miami, FL

Zip

33179

Country

USA

3. New Mailing Office Address, If Applicable

P.O. Box 694964

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33264

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/20/2001

5. FEI Number

30-0014671

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	JEUNE, JONNY	481 IVES DAIRY ROAD #D-104 ADD NE Miami Gardens Dr. # 205	MIAMI FL 33179
D	ALMONOR, PIERRE Jeune, Jonny	356 NW 118 ST ADD NE Miami Gardens Dr. # 205	MIAMI FL 33014 Miami, FL 33179
SD	REYES, NICOLE Jeune, Daphney	3240 NW 81ST TERRACE ADD NE Miami Gardens Dr. # 205	MIAMI FL 33147 Miami, FL 33179

8. Name and Address of Current Registered Agent

JEUNE, JONNY  
481 IVES DAIRY ROAD #D-104  
MIAMI FL 33179

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Jonny Jeune*  
REGISTERED AGENT MUST SIGN

Date 11/11/03

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:

*Jonny Jeune*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/03  
Date

(305) 940-8770  
Daytime Phone #