

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 19 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000049077

1. Corporation Name

INFINITY INVESTMENTS OF THE SOUTH, INC.

REINSTATEMENT 03

100024852161
11/19/03--01029--004 **758.75

2. Principal Office Address 4960 Highway 90 - 145 Suite, Apt. #, etc.		3. Mailing Office Address 4960 Highway 90 - 145 Suite, Apt. #, etc.	
City & State Pace, FL 32570		City & State Pace, FL 32570	
Zip 32571	Country USA	Zip 32571	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 4/29/02	
5. FEI Number 41-204-1489	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Shon Owens	
Street Address (P.O. Box Number is Not Acceptable) 4960 Highway 90 - 145	
Suite, Apt. #, Etc.	
City Pace	State FL
	Zip Code 32571

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: Shon Owens REGISTERED AGENT MUST SIGN Date: November 14 2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Cary D. Upton	5058 Beck Street	Jay, FL 32565
D	Shon O. Owens	4960 Highway 90 - 145	Pace, FL 32571
D	Rodney F. Smith	4291 Spindle Wick Drive	Pace, FL 32571
D	Jeffrey T. Cotton, II	8685 Chumuckla Highway	Pace, FL 32571

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: Shon Owens DATE: 11/14/03 DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 SHON OWENS, Secretary

CR2E081 (10/02)