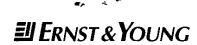
	PLEASE READ PLICATION FOR STATEMENT	FLORIDA		MENT OF STATE <b>Hood</b> of State		NG THIS FOR	M./52
I. Corpora	JMENT # P02000 ction Name CH, INC.	06157	<b>'</b> 0		Dec	26, 2003 retary of	3 8:00 A.M f State
Principal Place of Business Mailing Add 40 GOODLETTE ROAD 840 GOODLE NAPLES FL 34102 NAPLES FL			TTE ROAD				
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Maili Suite, Apt. #, etc. Suite, Apt. #,  City & State City & State			ing Office Address, If Applicable		4. Date Incorporation To Do Busin  5. FEI Number  6.	Not Applicable	
Zip Country Zip			Country CERT		CERTIFICATE	SB.75 Additional Fee required for a Certificate of Status	
	and Street Addresses of Each Officer and Name of Officers	or Director (Flo	rida nonprofit c	orporations must list at le Street Address of Eac			(8)-1-17-
Title(s)	2 and/or Directors		3 Officer and/or Director		or	City / State / Zip	
CD	TICE, GARY L	2150 GOODLETTE ROAD N		NAPLES FL 34102			
PCEO-	POWELL, STEVEN C	840 GOODLETTE ROAD		NAPLES FL 34102			
D	POWELL, STEVEN C	840 GOODLETTE ROAD			NAPLES FL 34102		
VSD	GRAU, CHARLES C	840 GOODLETTE ROAD		NAPLES FL 34102			
.VD	BALLEW, PAUL	840 GOODLETTE ROAD		NAPLES FL 34102			
	8. Name and Address of Current	Registered Ag	ent	Name	9. Name and	Address of New Registe	ered Agent
CUSTOMER SERVICE CENTER OF F.N.B., L.L.C.  840 GOODLETTE ROAD  NAPLES FL 34102				Street Address	Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.		
					City State Zip Code		
						W 007 0505 F.O 041	FL
10. I, bein Signature Registere	d Agent	REGISTERED A	ado		obligations of Sec	Date	

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 filling 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

12/11/03 239-566-0680 Date Daytime Phone #



■ Ernst & Young LLP
AmSouth/Harbert Plaza
Suite 1900
1901 Sixth Avenue North
Birmingham, Alabama 35203

Phone: (205) 251-2000 www.ey.com

November 25, 2003

Divisions of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

Re: Infitech, Inc. (FEIN: 01-0704816) Administrative Dissolution or Revocation

To Whom It May Concern:

This letter is in response to the enclosed notice of administrative dissolution or revocation for Infitech, Inc. (FEIN: 01-0704816). After receiving such notice we contacted the Florida Department of State and learned the 2003 UBR (Annual Report) was erroneously filed without having the appropriate signatures. Although the form was timely filed and the appropriate annual report fee of \$550 was timely paid, the form was rejected as incomplete without a signature.

The Florida Department of State agent we spoke with also informed us that the state had sent correspondence to us on July 23, 2003, to notify us of our error. However, such correspondence was never received. The only correspondence we have received regarding this issue is the enclosed notice and certificate of administrative dissolution or revocation. Immediate action to resolve the problem was taken on receipt of this notice.

We apologize for this error and any inconvenience it may have caused you. We have enclosed the Application for Reinstatement, as directed in the notice, and respectfully request the reinstatement fee and all related fees be waived. We appreciate your help in this matter and again apologize for any inconvenience it may have caused you.

Sincerely,

Michael Beaty