

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 JUN -1 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000062785

1. Corporation Name

Infinite Horizons, Inc.

**REINSTATEMENT**

04-06 DSX

CR2E081 (12/05)

2. Principal Office Address

100 Pierce Street

3. Mailing Office Address

100 Pierce Street

Suite, Apt. #, etc.

Suite #408

Suite, Apt. #, etc.

Suite # 408

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33756

Country

USA

Zip

33756

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

June 6, 2002

5. FEI Number

45-0479643

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

Scott P. Salo

300076209553

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

100 Pierce Street

Suite, Apt. #, Etc.

Suite #408

City

Clearwater

State

FL

Zip Code

33756

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

*Scott P. Salo*

REGISTERED AGENT MUST SIGN

Date May 30, 2006

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
P	Scott P. Salo	100 Pierce Street, #408	Clearwater, FL 33756

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 contained in Chapter 119, 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:

*Scott P. Salo*

Scott P. Salo

May 30, 2006 727-461-0608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #