

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
FILED

05 JUN 20 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

PO2000114793

1. Corporation Name

INFONEUTIC, INC.

2. Principal Office Address

2655 Le Jeune Road

Suite, Apt. #, etc.

5th Floor

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Office Address

2655 Le Jeune Road

Suite, Apt. #, etc.

5th Floor

City & State

Coral Gables, FL

Zip

33134

Country

USA

**REINSTATEMENT**

W  
03-05

4. Date Incorporated or Qualified  
To Do Business in Florida

10/17/02

5. FEI Number

82-0571692

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

Eduardo R. Arista

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

2655 Le Jeune Road

Suite, Apt. #, Etc.

5th Floor

City

Coral Gables

State

FL

Zip Code

33134

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

*[Signature]*

Date

4/14/05

REGISTERED AGENT MUST SIGN

**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	Daniel E. Arista-Salado	2655 Le Jeune Road, 5th Floor	Coral Gables, FL 33134

300056613403  
06/28/05--01040--002 \*\*458.50

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:

Daniel E. Arista

*[Signature]*

04/14/05

5205590578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

April 14, 2005

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find an Application for Reinstatement of Infoneutic, Inc. 2003 and 2004 Uniform Business Reports were never received. Also enclosed is a check for \$458.50 representing:

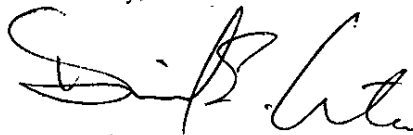
1. \$183.75 in payment of the 2003, 2004, and 2005 Annual Report;
2. \$266.25 in payment of the 2003, 2004, and 2005 Corporate Supplemental Fee;
3. \$8.50 in payment for one (1) Certificate of Status to be mailed to:

Arista & Feldman, P.L.  
2655 Le Jeune Road, 5<sup>th</sup> Floor  
Coral Gables, FL 33134

If you have any questions or require further information, please contact Eduardo R. Arista, Esq. at 305-444-7662.

Thank you in advance for your prompt attention to this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Daniel Arista', written in a cursive style.

Daniel Arista

Enclosures