

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 # **P02000118581**

1. Corporation Name

INFINITI HOMES USA, INC.

Principal Place of Business

Mailing Address

**6588 N.W. 109TH AVENUE
PARKLAND FL 33076**

**6588 N.W. 109TH AVENUE
PARKLAND FL 33076**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/2002

5. FEI Number

42-1557637

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MENDOLIA, SALVATORE J	6588 N.W. 109TH AVENUE	PARKLAND FL 33076

200023805232
10/15/03--01022--007 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MENDOLIA, SALVATORE J
6588 N.W. 109TH AVENUE
PARKLAND FL 33076**

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

Salvatore J. Mendolia
REGISTERED AGENT MUST SIGN

Date **10/10/03**

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:

Salvatore J. Mendolia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SALVATORE J. MENDOLIA

Mrs.

10/10/03

Date

Daytime Phone #

FILED

03 OCT 15 AM 8:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03

CR2E040 (7/03)

10/10/03

Dear Sir;

It has come to my attention that I did not file the appropriate forms for maintaining an active Corporation. I want to apologize and now, searching my memory, I can not remember if and when I received these documents in the mail. The importance of these notices are the backbone of the corporations. In the future I will be more vigilant going through the mail.

Thank You

Salvador Tundol
President
Infinite Homes
USA INC