

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 23 PM 12:50

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000065132

1. Corporation Name

INFINITY INVESTMENT GROUP, CORP.

P.O. BOX 5251

2. Principal Office Address

P.O. BOX 5251

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 5251

Suite, Apt. #, etc.

City & State

DELTONA FLORIDA

City & State

Deltona, FL

Zip

32728

Country

VOLUSIA

Zip

32728

Country

Volusia

REINSTATEMENT

04

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

56-2368489

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

RAUL FERNANDEZ

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

P.O. BOX 5251

Suite, Apt. #, Etc.

City

DELTONA

State

FL

Zip Code

32728

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 10/25/04

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
P	RAUL FERNANDEZ	P.O. BOX 5251 / 1545 Brayton Cir. Deltona, FL 32728	DELTONA, FL 32728

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/04

Daytime Phone #

CR2E081 (01/04)

Pg 20F2


October 22, 2004

To Whom It May Concern:

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**I DID NOT FILE MY ANNUAL REPORT DUE TO THE FACT THAT I  
NEVER RECEIVED NOTIFICATION VIA MAIL; PLEASE, I ASK FOR A  
WAIVE OF THE PENALTY FOR THIS YEAR.**

THANK YOU.



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**RAUL FERNANDEZ (PRESIDENT)**