

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 18 PM 3: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000013420

1. Corporation Name

Infospan Consulting, Inc.

2. Principal Office Address - No P.O. Box #

16699 Collins Ave

Suite, Apt. #, etc.

#4001

City & State

Sunny Isles, FL

Zip

33160

Country

Dade

3. Mailing Office Address

2700 Henry Hudson Pkwy

Suite, Apt. #, etc.

#6L

City & State

Bronx, NY

Zip

10463

Country

USA

100146066011
03/18/09--01003--006 **450.00

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida 1/16/2004

5. FEI Number
20-0640635

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

Roman Faynberg

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

16699 Collins Ave

Suite, Apt. #, Etc.

#4001

City

Sunny Isles

State

FL

Zip Code

33160

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

02/20/2009

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	Roman Faynberg	16699 Collins Ave, #4001	Sunny Isles, FL 33160

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:

Roman Faynberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/2009

Date

212-897-3025

Daytime Phone #