PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 NOV 15 AM 11:26

REINSTATEMENT

DOCUMENT # P04000097676

1. Corporation Name: Infinate Solutions, Inc

2. Principal Office Address	3. Mailing Office Address
400 leslie Drive	400 Leslie Drive
Suite, Apt. #, etc.: 508	Suite, Apt. #, etc.: 508
City & State: Hallandale, FL	City & State: Hallandale, FL
Zip: 33009 Country: US	Zip: 33009 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 6-28-2004

5. FEI Number: 201-319-813 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Maxine J Marshall

Street Address (P.O. Box Number is Not Acceptable): 400 Leslie Drive

Suite, Apt. #, Etc.: 508

City: Hallandale, FL State: FL Zip Code: 33009

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: Maxine J Marshall Date: November 13, 2006

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
Pres	Maxine Marshall	400 leslie Dr. Suite 508	Hallandale, FL 33009
CEO	Anya Burnette	400 leslie Dr, Suite 508	Hallandale, FL 33009

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: Maxine J. Marshall Maxine J Marshall 11-13-2006 954-634-3921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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B. Mitchell NOV 16 2006

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Infinate Solution, Inc.

November 15, 2006

To Whom It May Concern:

I did not receive notice to file the annual report for 2005 and 2006. Please wave the late penalty fee

Thank you,

Maxine Marshall

Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

001586.60170

CORPORATION REINSTATEMENT

INFINATE SOLUTIONS, INC

Certificate of Status	0
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*See attached Waiver *

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