

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 OCT 23 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000099476

1. Corporation Name

INFINITE DESIGN, INC.

2. Principal Office Address

7211 CRANE AVE.

3. Mailing Office Address

7211 CRANE AVE.

Suite, Apt. #, etc.
#121

Suite, Apt. #, etc.
#121

City & State

JACKSONVILLE, FL.

City & State

JACKSONVILLE, FL.

Zip

32216

Country

USA

Zip

32216

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6-29-04

5. FEI Number

33-1095112

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

PATRICK L. WALKER

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

7211 CRANE AVE. #121

Suite, Apt. #, Etc.

City

JACKSONVILLE, FL. 32216

State

FL

Zip Code

32216

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 10-17-06

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/P	PATRICK L. WALKER	7211 CRANE AVE # 121	JACKSONVILLE, FL. 32216
	P/W/26		200081119482 10/23/06--01047--006 **300.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PATRICK L. WALKER 10-17-06 683-0331

October 17th, 2006

**To: Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314**

**From: Patrick L. Walker
c/o Infinite Design, Inc.
7211 Crane Avenue #121
Jacksonville, Florida 32216**

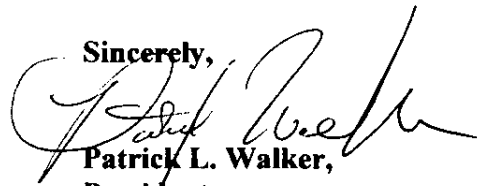
Subject: Corporation Reinstatement

To Whom It May Concern:

This is to give you notification as to why I failed file my "annual reports" for the years of 2005 and 2006. I never received any notification as to when I needed to submit my company's annual report.

I respectfully request to be excused from any and all penalties that may be involved in this mishap.

Sincerely,



**Patrick L. Walker,
President**