


03/05/2008 WED 16:54 FAX

002/002

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P05000135416			
1. Corporation Name <b>INFINITE MANAGEMENT, INC.</b>			
2. Principal Office Address - No P.O. Box # <b>5220 SW 112 AVE</b>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI FL</b>		City & State	
Zip <b>33165</b>	Country <b>USA</b>	Zip	Country
7. Name and Address of Current Registered Agent		4. Date Incorporated or Qualified To Do Business in Florida <b>10/03/2005</b>	
Name <b>JUAN JOSE ARTEAGA</b>		5. FEI Number <b>26-2106718</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>4417 NW 32 AVE</b>		Applied For Not Applicable	
Suite, Apt. #, Etc.		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status	
City <b>MIAMI</b>		<input checked="" type="checkbox"/> 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.	
State <b>FL</b>		Zip Code <b>33142</b>	
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 <i>Juan Jose Arteaga</i>		Date <b>3/5/08</b>	
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	JUAN JOSE ARTEAGA	4417 NW 32 AVE	MIAMI FL 33142
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: <i>Juan Jose Arteaga</i>		Date <b>3/5/08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT  
CR2E081 (1/07)

B. Mitchell MAR 5 2008

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Division of Corporations

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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 617-6384

From:

Account Name : ADVANCE CORPORATE SERVICE, INC.  
Account Number : I20070000146  
Phone : (305) 406-3800  
Fax Number : (305) 406-3999

**CORPORATION REINSTATEMENT**

**INFINITE MANAGEMENT, INC.**

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