

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

98 JAN 16 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **Pd30000 7745**

1. Corporation Name

**INFINITY CLASSIC BUILDERS, INC.**

Principal Place of Business

Mailing Address

**11384 Fairfield Court  
West Palm Beach, FL 33414**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>11/8/93</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0447846</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

**REINSTATEMENT 97-98**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VP	Allison, Terry M.	11384 Fairfield Ct.	W. Palm Beach, FL 33414
			<b>800002406838--1</b> -01/21/98--01076--005 ****750.00 ****750.00
			<b>800002406838--1</b> -01/21/98--01076--006 ****150.00 ****150.00
			<b>97-10-98</b>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>Kramer, Ali, Fleck &amp; Corothers 6650 W. Indiantown Road, #200 Jupiter, FL 33458</b>		Name <b>Terry M. Allison</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>11384 Fairfield Ct.</b>	
		Suite, Apt. #, Etc.	
		City <b>W. Palm Beach</b>	State <b>FL</b>

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **Terry Allison** Date **December 10, 1997**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax)

12. 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: **Terry Allison** 12/10/97

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