

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

96 DEC -6 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000041176

1. Corporation Name

INFAC INC.

Principal Place of Business

BAYSIDE 1001 ALTERNATE A1A
JUPITER FL 33477-3209

Mailing Address

BAYSIDE 1001 ALTERNATE A1A
JUPITER FL 33477-3209

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/01/1994

5. FEI Number

65-0494762

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee Required
for a Certificate of Status

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
D	SANDOW, STUART	BAYSIDE 1001 ALTERNATE A1A	JUPITER FL 33477
			600002022436--0 -12/06/96--01084--006 ****375.00 ****375.00
			REINSTATEMENT 1996 U. Sandow 12-6-96

8. Name and Address of Current Registered Agent

SANDOW, STUART
4521 PGA BLVD, SUITE 211
BAYSIDE 1001 ACT A1A
JUPITER FL 33477

9. Name and Address of New Registered Agent

Name
STUART SANDOW
Street Address (P.O. Box Number is Not Acceptable)
BAYSIDE 1001 ACT A1A
Suite, Apt. #, Etc.
City
JUPITER FL
State
FL
Zip Code
33477

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

[Signature]

Date 12.28.96

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.24.96

Date

561 622 1949

Daytime Phone #