

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Wortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUL 20 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000042610

1. Corporation Name **Infinity Mortgage Corp.**

Principal Place of Business

Mailing Address

11440 N Kendall Dr #203 **11440 N Kendall Dr**
Suite 203

Miami, FL 33176

Miami, FL 33176

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

2. New Principal Office Address, If Applicable

11440 N Kendall Dr

Suite, Apt. #, etc.

#500

City & State

Miami, FL

Zip

33176

Country

USA

3. New Mailing Office Address, If Applicable

11440 N Kendall Dr

Suite, Apt. #, etc.

#500

City & State

Miami, FL

Zip

33176

Country

USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

6/1/95

5. FEI Number

65-0597344

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
PD	Roberto Gilmore	11440 N Kendall Dr #500	Miami, FL 33176

600003349556--9
-08/08/00--01073--014
****900.00 ****900.00

8. Name and Address of Current Registered Agent

Rafael Raurell
11440 N KEndall Dr #500
Miami, FL 33176

9. Name and Address of New Registered Agent

Name **Roberto Gilmore**

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

11440 N Kendall Dr #500

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33176

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date **7/17/00**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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

Roberto Gilmore, Pres.

7/17/00

Date

305 275 9511

Daytime Phone #

CR2E040 (8/97)