

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 21 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000004049

1. Corporation Name

INFINITI MORTGAGE & INVESTMENTS, INC.

Principal Place of Business

Mailing Address

5144 CONROY ROAD
#1032
ORLANDO FL 32811

5144 CONROY ROAD
#1032
ORLANDO FL 32811

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

2. New Principal Office Address, If Applicable

11374 SPACE BLVD. #3
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. BOX 2826
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

01/14/1998

5. FEI Number

59-3487939

Applied For

Not Applicable

City & State

ORLANDO, FL.

City & State

WINTER PARK, FL

Zip

32837

Country

Zip

32790-2826

Country

USA

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	4 City / State / Zip
D	AHEARN, DENNIS R	5144 CONROY ROAD #1032	ORLANDO FL 32811

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AHEARN, DENNIS R
5144 CONROY ROAD
#1032
ORLANDO FL 32811

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Dennis R Ahearn, PRES.
REGISTERED AGENT MUST SIGN

Date OCTOBER 18, 1999

11. 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:

Dennis R Ahearn, PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCTOBER 18, 1999 407-826-5177
Date Daytime Phone #



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October 18, 1999

Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: document #98000004049

Dear Ms. Harris,

I am writing to express concern that I never received any previous notification to file a Corporation Annual Report at the address (my home) indicated on your mailing or any other address (business).

In contacting your office and explaining the situation, I was told to mail \$150.00 with a letter of explanation.

Thanking you in advance, I am

Very truly yours,

A handwritten signature in cursive script that reads "Dennis R. Ahearn".

Dennis R. Ahearn
President