

~~APPLICATION~~
~~FOR~~
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

Principal Place of Business

Mailing Address

616 RENAISSANCE POINTE STE 104
ALTAMONTE SPRINGS FL 32714

616 RENAISSANCE POINTE.STE.104
ALTAMONTE SPRINGS FL 32714

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

2. If a firm, give Office Address, If Applicable

3 New Mailing Office Address, If Applicable

Suite, Apt #, etc
421 ARAPHO TR.

Suite, Apt. #, etc.

City & State
Maitland, FL

City & State

Zip 32751 Country SEMINOLE

Zip	Country
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06/07/99 90008 002 \$550.⁰⁰

4. Date Incorporated or Qualified To Do Business in Florida

04/20/1998

5. FBI Number
59-3594349

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)

[illegible]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TILLET, JOHN C
616 RENAISSANCE POINTE,STE.104
ALTAMONTE SPRINGS FL 32714

Name _____

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code	
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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.

$$\xi_{\alpha} = \frac{1}{2} \left(\frac{1}{\alpha} + \frac{1}{\alpha^2} \right) \approx 1.1$$

Expenditure on the following:

~~REGISTERED AGENT MUST SIGN~~

Date 11/15/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/19
Date Daytime Phone #

0008228 AF

MICHAEL SPECK & ASSOCIATES INC.

POST OFFICE BOX 181455
CASSELBERRY, FL 32718-1455

ACCOUNTANTS

PHONE (407) 521-8973
FAX (407) 290-1376

November 15, 1999

Florida Secretary of State
P.O. Box 6327
Tallahassee, FL 32314

RE: Infinite Digital Technologies Corp./Reinstatement

Gentlemen:

Enclosed please find the completed reinstatement from. Further, we request an abatement of any additional penalty in that a payment of \$550 was made on June 15, 1999 and we heard nothing until dissolution.

Sincerely,



J. Michael Speck, E. A.
Accountant

JMS/ts