

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000043690

1. Corporation Name

INFINITY COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

2011 W. CLEVELAND ST.
STE D
TAMPA FL 33606
US

2011 W. CLEVELAND ST.
STE D
TAMPA FL 33606
US

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

2. New Principal Office Address, If Applicable

1101 CHANNELSIDE DR

Suite, Apt. #, etc.

239

City & State

TAMPA FL

Zip
33602

Country
USA

3. New Mailing Office Address, If Applicable

1101 CHANNELSIDE DR.

Suite, Apt. #, etc.

239

City & State

TAMPA FL

Zip
33602

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/1998

5. FEI Number

59-3525512

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	CARAS, JASON	2011 W. CLEVELAND ST., STE D	TAMPA FL 33606
D	TRUS, MARY	2011 W. CLEVELAND ST., STE D	TAMPA FL 33606

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11/14/01--01079--012

****750.00 ****750.00

ILLS

8. Name and Address of Current Registered Agent

CARAS, JASON

2011 W. CLEVELAND ST., STE-D
TAMPA FL 33606

9. Name and Address of New Registered Agent

Name

JASON N. CARAS

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

1101 CHANNELSIDE DR.

Suite, Apt. #, Etc.

239

City

TAMPA

State

FL

Zip Code

33602

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]

REGISTERED AGENT MUST SIGN

Date 10/15/01

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 filling 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]

JASON N. CARAS

10/15/01

Date

813 258
6640

Daytime Phone #

CR2040 (8/01)