

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR -5 PM 4:03

DOCUMENT # P99000081352

1. Corporation Name

Infusion Technologies, Inc.

2. Principal Office Address

70 Westward Drive

Suite, Apt. #, etc.

City & State

Miami Springs, FL

Zip

33166

Country

USA

3. Mailing Office Address

70 Westward Drive

Suite, Apt. #, etc.

City & State

Miami Springs, FL

Zip

33166

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/08/99

5. FEI Number

65-0954221

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 06-01

7. Name and Address of Current Registered Agent

Name

David Everett Marko

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

3001 S.W. Third Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33129

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*David Marko*

Date 3-2-01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/D	Jose Sotomayor	5161 Collins Ave., #1416	Miami Beach, FL 33140

10. 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

3/2/01

Date

Daytime Phone #

CR2E081 (9/00)