

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC 10 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V15183**

1. Corporation Name

Infinity Corp. of Walton County, FL

Principal Place of Business

Mailing Address

*9375 Emerald Coast Pky W #29
Austin, FL 32541*

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Feb 20, 1992

5. FEI Number

59-3106487

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
Pres.	<i>Jo Ann T Bierbaum</i>	<i>50 Lakeside Dr.</i>	<i>Deer Creek Springs, FL 32433</i>
Secy Pres	<i>Ruby M Southard</i>	<i>534 Circle Dr</i>	<i>Deer Creek Springs, FL 32435</i>

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******165.00 ****165.00**

JB
12-11-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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 *George R. Miller*

REGISTERED AGENT MUST SIGN

Date *12.9.97*

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Ruby M Southard **Ruby M Southard** *12/8/97* *850-654-7161*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DESTIN, FLORIDA

12-8-97

Dear Sir -

In reviewing our books we noticed we had not paid our corp. bill for this year.

911 (Emergency #) changed all of our addresses - and you mailed the bill - but it was returned to you. I called last week and you sent me a remittance form - I called again this morning and am sending the \$165⁰⁰ owed - Thank you.

Ruby Southard
9375 Emerald Coast Pkwy W #29
Destin, FL.



~~5494 Highway 98 E.~~

Destin, Florida 32541

904-654-7161

Ruby Southard

JoAnn Bierbaum