

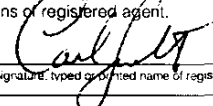
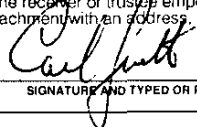


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K32303 1. Entity Name DEERWOOD ESTATES, INC.				FILED 05 OCT 10 PM 4:27 STATE OF FLORIDA TALLAHASSEE, FLORIDA	
Principal Place of Business % CARL LUNETTA 600 SW 98TH TERRACE PEMBROKE PINES, FL 33025		Mailing Address % CARL LUNETTA 600 SW 98TH TERRACE PEMBROKE PINES, FL 33025			
2. Principal Place of Business 11441 Interchange Circle S. Suite, Apt. #, etc.		3. Mailing Address 11441 Interchange Circle S. Suite, Apt. #, etc.			
City & State Miramar FL		City & State Miramar, FL			
Zip 33025		Zip 33025		4. FEI Number 65-0069693	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUNETTA, CARL 600 SW 98TH TERRACE PEMBROKE PINES, FL 33025				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 10/5/05 <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNETTA, CARL 600 SW 98TH TERRACE PEMBROKE PINES, FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 400060455264 10/10/05--01070--003 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNETTA, CARMEN 600 SW 98TH TERRACE PEMBROKE PINES, FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 400060455264 10/10/05--01070--003 **750.00 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<div style="text-align: center;"> STATEMENT </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <div style="display: flex; justify-content: space-between;"> 10/5/05 954-889-0421 </div>		