

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 DEC 17 AM 10:52

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L33496

1. Corporation Name

Deerlake, Inc.

700139095547
12/17/08--01025--013 **1500.00

700139095547
12/17/08--01025--014 **8.75

REINSTATEMENT

03-08ks

2. Principal Office Address - No P.O. Box #

2514 Hollywood Blvd

3. Mailing Office Address

3460 Peel Street

Suite, Apt. #, etc.

307

Suite, Apt. #, etc.

515

City & State

Hollywood, Florida

City & State

Montreal, QC

Zip

33020

Country

USA

Zip

H3A 2M1

Country

Canada

4. Date Incorporated or Qualified

To Do Business in Florida 12/04/89

5. FEI Number

650206125

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Law Office of Robert P. Kelly

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

2514 Hollywood Boulevard

Suite, Apt. #, Etc.

Suite 307

City

Hollywood

State

FL

Zip Code

33020

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Robert P. Kelly

Date 12-12-08

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	Julienne Girard	3460 Peel Street, #515	Montreal, QC H3A2M1
D	Marc Lipsitz	3445 Royal Palm Avenue	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 contained in Chapter 119, 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:

Julienne Girard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/04/09 9545855