PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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DOCUMENT # NOOOO5277									SECRETARY OF STATE TALLAHASSEE, FLORIDA						
Deerfield Farms Homeowners Association, Inc.												,			
2. Principa 303 Suite, Apt.		166	th Blud	303	3. Mailing Office Address 3034NW 66 th Blud Suite, Apt. #, etc.				REINSTATEMENT 01-02						
	,					4. Date Incorporated or Qualified To Do Business in Florida 08-11-2000									
city & state Tennings, F1.				City & State	5. FEI	5. FEI Number Applied For									
	32053 Country Hamilton			Zip 32053 Hamilton				6. CER	CERTICICATE OF STATUS DESIRED 38.73 Additional Fee required						ed:
240	<u> </u>	1147	,,,,,,,				Current Regis	<u> </u>				for a	Certificate	of Status	
	Name <	805	halt =						-						
	Street Address (P.O. Box Number is Not Acceptable) 3208 NW 295 Lane 30005491833 -05/08/02-01046												}	6	
	Suite, Apt.				05/08/0 ****297			-001 297.5	0						
	City	SNNI	Nas							State	zip Code	5	3	,	
															(9/01)
Signature of Registered Agent Compa & Such Stark Date Date 03-12-2002 REGISTERED AGENT MUST SIGN														CR2E081 (9/01)	
9. Names	and Street Ad	dresses of l	Each Officer and	or Director (Flo	rida nonpro	fit corporati	ons must list at	least 3 direc	ctors)						1
Titles		Officers a	lame of and/or Directors		Street Address of Each Officer and/or Director				City / State / Zip]
D	Sea	tz, Ir	303	th BI	Blud. Jennings, Fl. 3205 Blud. Jennings, Fl. 3205 Lane Jennings, Fl. 3205					<u>53</u>					
D	Sea	tz. Iva	3188 NW 66 12 B				d.	Jeni	UINAS.I	F/.	32 <i>0</i>	753			
D	Sea	sholt	z. Con	irad E.	320	08 N	IW 29	₩ La.	иe	Jen	ر ر NiNGS	F/	320	53	İ
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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 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.															
SIGNA	SIGNATURE: Jea John Seasholt/ Ita John Seasholtz 12 March 2002 386-792-1165 SIGNATURE AND TYPED OR PRINTED NAME OF EXAMING OFFICER OR DIRECTOR Date Daylime Phone #														