

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. ED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAR 29 PM 5:55

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12796

1. Corporation Name
The Deauville Gardens, Inc.

REINSTATEMENT 11-12

2. Principal Office Address - No P.O. Box # 3212 S.E. 8th Street		3. Mailing Office Address	
Suite, Apt. #, etc. Apt. A 2		Suite, Apt. #, etc.	
City & State Pompano Beach, FL		City & State	
Zip 33062	Country U.S.A.	Zip	Country

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 12/30/1985	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. FEI Number 591090130		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Annette Morin-Babineau			
Street Address (P.O. Box Number is Not Acceptable) 3212 S.E. 8th Street			
Suite, Apt. #, Etc. Apt. A 2			
City Pompano Beach	State FL	Zip Code 33062	

700226554467
03/29/12--01002--007 **297.50

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 Annette Morin-Babineau Date 3/26/12
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	Porto, Andrew	3212 SE 8th Street Apt. A-3	Pompano Beach, FL 33062
VP	Thomas, James	1 Fulton street	Luzerne, PA 18709-1498
S	Carley, Shirley	3212 SE 8th Street Apt. A 6	Pompano Beach, FL 33062
T	Morin-Babineau, Annette	97 Goldencrest Avenue	Waltham, MA 02457
BM	Paternoster, Gilda	3212 SE 8th Street Apt. B-22	Pompano Beach, FL 33062
BM	McQueen, Joel	5456 Dublin Road	Dublin, OHIO 43017

10. E-mail Address: babineauannette@yahoo.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Andrew J. Porto Andrew J. Porto Date 3/26/2012 954 944 3903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

MAR 29 2012