APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 JUL -8 PM 6:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000059887

1. Corporation Name
Deerfield Ventures Inc

300022078553
08/05/03--01066--028 **900.00

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
3589 S. Ocean Blvd #801	
Suite, Apt. #, etc. 801	Suite, Apt. #, etc.
City & State Palm Beach	City & State FL
Zip 33480 Country USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 2001

5. FEI Number ☐ 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: Frances Livermore

Street Address (P.O. Box Number is Not Acceptable): 3589 S. Ocean BLVD.

Suite, Apt. #, Etc: 801

City: Palm Beach | State: FL | Zip Code: 33480

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: Frances Livermore — REGISTERED AGENT MUST SIGN — Date: 7-6-03

CR2E061 (10/02)

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
President	Jeanine Perroll	18250 Blue Lake Way	Boca Raton, FL 33498
Vice President	Frances Livermore	3589 S. Ocean Blvd.	Palm Beach FL 33480

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 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: Jeanine Perroll 7-6-03 561-251-9365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

07/07 '03 15:19 NO.272 02/03 — 850 222 1222 — CAPITAL CONNECTION