FILED
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04 APR 21 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000009372

1. Corporation Name
DEFLORI CORPORATION

REINSTATEMENT 2004

2. Principal Office Address	3. Mailing Office Address
807 96TH AVENUE	807 96TH AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES, FL	City & State: NAPLES, FL
Zip: 34108 Country: U.S.	Zip: 34108 Country: U.S.

4. Date Incorporated or Qualified To Do Business In Florida: 01/12/02

5. FEI Number: 04-3694901 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☑ $30.00 Additional Fee Required For a Certificate of Status

7. Name and Address of Current Registered Agent

Name: LYNN M. CARTER, CPA, PA

Street Address (P.O. Box Number is Not Acceptable): 3580 GOLDEN GATE BLVD. EAST

Suite, Apt. #, Etc.

City: NAPLES | State: FL | Zip Code: 34120

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: L. Carter CPA PA Date: 04/15/04
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P,S,T	SILVIO THAL	807 96TH AVENUE	NAPLES, FL 34108

COPY

10. I certify that I am an officer or director of 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 taxes 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: [signature] 04/15/04 (239) 777-2363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

DEFLORI CORPORATION

Certificate of Status	1
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