AMENDED UNIFORM BUSINESS REPORT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN -6 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000121182

200026467412
01/08/04--01007--021 **61.25

1. Corporation Name

Openfield US, Inc.

2. Principal Office Address		**3.** Mailing Office Address	
2126 Inverness Court		2126 Inverness Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Oviedo, Florida		City & State: Oviedo, Florida	
Zip: 32765	Country: USA	Zip: 32765	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: November 12, 2002

5. FEI Number: 55-0814798 ☐ 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: Jeffrey M. Koltun, Esquire

Street Address (P.O. Box Number is Not Acceptable): 557 North Wymore Road

Suite, Apt. #, Etc.: Suite 100

City: Maitland | State: FL | Zip Code: 32751

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: _____ Date: December 30, 2003

REGISTERED AGENT MUST SIGN

C02E061 (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
DP	Patricia Maziere	2126 Inverness Court	Oviedo, Florida 32765
DS	Sylvia Rolland	115 East Lyman Avenue	Winter Park, Florida 32789
D	Sylvie Berthome	115 East Lyman Avenue	Winter Park, Florida 32789

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 exception 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: _____ Patricia Maziere, President 12/30/03 407-628-1641

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