

2003-12-30

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(407) 660-6031

Kane and Koltun

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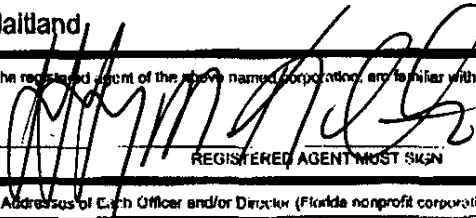
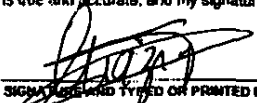
AMENDED UNIFORM BUSINESS REPORT
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN -6 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 04 JAN -6 AM 9:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P02000121182			
1. Corporation Name Openfield US, Inc.			
2. Principal Office Address 2126 Inverness Court Suite, Apt. #, etc.		3. Mailing Office Address 2126 Inverness Court 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	
		6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 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	
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 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: 		Patricia Maziere, President 12/30/03 407-628-1641	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	