


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b>  09 NOV -6 PM 12: 35  SECRETARY OF STATE TALLAHASSEE, FLORIDA   500162570785 11/06/03--01/03--005 **300.00  <b>REINSTATEMENT</b> 08-09 CFR2031 (12/08) Activity 11/10/08
<b>DOCUMENT #</b> P07000107500			
<b>1. Corporation Name</b> <div style="font-size: 1.5em; font-family: cursive;">Deep Lake Group Inc</div>			
<b>2. Principal Office Address - No P.O. Box</b> <div style="font-size: 1.2em; font-family: cursive;">5668 Bear Stone Run</div>		<b>3. Mailing Office Address</b> <div style="font-size: 1.2em; font-family: cursive;">5668 Bear Stone Run</div>	
<b>Suite, Apt. #, etc.</b>		<b>Suite, Apt. #, etc.</b>	
<b>City &amp; State</b> <div style="font-size: 1.2em; font-family: cursive;">Oviedo Florida</div>		<b>City &amp; State</b> <div style="font-size: 1.2em; font-family: cursive;">Oviedo, Florida</div>	
<b>Zip</b> <div style="font-size: 1.2em; font-family: cursive;">32765</div>	<b>Country</b> <div style="font-size: 1.2em; font-family: cursive;">USA</div>	<b>Zip</b> <div style="font-size: 1.2em; font-family: cursive;">32765</div>	<b>Country</b> <div style="font-size: 1.2em; font-family: cursive;">USA</div>
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <div style="font-size: 1.2em; font-family: cursive;">9/27/07</div>			
<b>5. FEI Number</b> <div style="font-size: 1.2em; font-family: cursive;">26-2943267</div>		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status			
<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b> <div style="font-size: 1.2em; font-family: cursive;">John Walsh</div>			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <div style="font-size: 1.2em; font-family: cursive;">5668 Bear Stone Run</div>			
<b>Suite, Apt. #, Etc.</b> <div style="font-size: 1.2em; font-family: cursive;">(was 5449 Baytown Place By Error)</div>			
<b>City</b> <div style="font-size: 1.2em; font-family: cursive;">Oviedo</div>	<b>State</b> <div style="font-size: 1.2em; font-family: cursive;">FL</div>	<b>Zip Code</b> <div style="font-size: 1.2em; font-family: cursive;">32765</div>	
<b>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.</b>			
<b>Signature of Registered Agent</b> <div style="font-size: 1.5em; font-family: cursive;">John E Walsh</div>		<b>Date</b> <div style="font-size: 1.2em; font-family: cursive;">10/28/09</div>	
<b>REGISTERED AGENT MUST SIGN</b>			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
Pres	John E Walsh	5668 Bear Stone Run	Oviedo, Florida 32765
Sect	John E Walsh	" "	" "
<b>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 contained in Chapter 119, 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.</b>			
<b>SIGNATURE:</b> <div style="font-size: 1.5em; font-family: cursive;">John E Walsh</div>		<b>Date</b> <div style="font-size: 1.2em; font-family: cursive;">10/28/09</div>	<b>Daytime Phone #</b> <div style="font-size: 1.2em; font-family: cursive;">407 977-7449</div>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

11/9/09