PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JAN -8 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000001116

**1.** Corporation Name
DEAUVILLE LANE, INC

**2.** Principal Office Address
1784 V DEAUVILLE LANE
Suite, Apt. #, etc.
City & State
BOCA RATON FL
Zip 33496 Country USA

**3.** Mailing Office Address
1670 BAYVIEW AVE
Suite, Apt. #, etc.
SUITE 400
City & State
TORONTO - ONTARIO
Zip M4G3C2 Country CANADA

REINSTATEMENT 2000

**4.** Date Incorporated or Qualified To Do Business in Florida 10/27/1992

**5.** FEI Number 65-0498547 ☐ 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

600003533616--7
-01/11/01--01100--025
****750.00 ****750.00
LS

Name
ALAN A FELDMAN
Street Address (P.O. Box Number is Not Acceptable)
1784 V DEAUVILLE LANE
Suite, Apt. #, Etc.
City
BOCA RATON
State FL Zip Code 33496

**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 _____
REGISTERED AGENT ~~MUST~~ SIGN

CR2E081 (9/99)

**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 |
|---|---|---|---|
| P.D | ALAN A FELDMAN | 1784 V DEAUVILLE LN | BOCA RATON FL 33496 |
| V.S.S | BEVERLEE FELDMAN | 1784 V DEAUVILLE LN | BOCA RATON FL 33496 |
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**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:** _____ Jan 2 2001 416-485-2705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALAN A FELDMAN
Date Daytime Phone #