

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000076828

1. Corporation Name

DEERFIELD INVESTMENTS CORPORATION

2. Principal Office Address

5524 ETON COURT

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip
33486

Country
U.S.A.

3. Mailing Office Address

18851 NE 29TH AVENUE

Suite, Apt. #, etc.

SUITE 900

City & State

AVENTURA, FL

Zip
33180

Country
U.S.A.

FILED

06 MAY -1 PM 2:27

STATE
TALLAHASSEE, FLORIDA

100074360321

05/11/06--01005--025 **2258.75

REINSTATEMENT CR2E081 (12/05)

96-06

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/1994

5. FEI Number

59-3281846

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

MARK E. ROUSSO, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

18851 NE 29TH AVENUE

Suite, Apt. #, Etc.

SUITE 900

City

AVENTURA

State

FL

Zip Code

33180

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

REGISTERED AGENT MUST SIGN

Date 4-27-06

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
D	DAVID HIRSCHFELD	5524 ETON COURT	BOCA RATON, FL 33486

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Hirschfeld, Director 4/27/06

Date

Daytime Phone #

786-279-0000