PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 21 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000083003**

1. Corporation Name

DESHIELDS GROUP, INC.

Principal Place of Business	Mailing Address
165 N.W. 20TH ST BOCA RATON FL 33431	2240 NW 23RD WAY BOCA RATON FL 33431

REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/08/1994

5. FEI Number: 65-0538473 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	DESHEILDS, STEVEN C	~~2240 S.W. 15TH PL~~ 241 Bay Pointe	~~BOCA RATON FL 33486~~ Naples, FL 34103
V	DESHIELDS, DANIEL E	~~2240 S.W. 15TH PL~~ 840 SW 17th Street	BOCA RATON FL 33486
T	STINE, DEBORAH D	~~2240 S.W. 15TH PL~~ 2240 NW 23 Way	BOCA RATON FL ~~33486~~ 33431

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10/21/03--01137--026 **758.75

10/10/24

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
STINE, DEBORAH D ~~2240 S.W. 15TH PL~~ ~~BOCA RATON FL 33434~~ address change only	Name: Deborah D. Stine Street Address (P.O. Box Number is Not Acceptable): 2240 NW 23rd Way Suite, Apt. #, Etc.: City: Boca Raton State: FL Zip Code: 33431

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: Deborah D. Stine — Date: Oct 10, 2003
REGISTERED AGENT MUST SIGN

11. 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: Deborah D. Stine — Oct 10, 2003 — 561-241-3189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #