

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000040598

1. Corporation Name

DEERFIELD GREETING CARD, INC.

2. Principal Office Address

1600 NW Boca Raton Blvd

Suite, Apt. #, etc.

Suite 15

City & State

Boca Raton

Zip

33432

Country

USA

3. Mailing Office Address

1600 NW Boca Raton Blvd

Suite, Apt. #, etc.

Suite 15

City & State

Boca Raton

Zip

33432

Country

USA

FILED

03 JAN 29 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400014090734
03/14/03--01058--009 **208.75

02-03
UBR

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/23/1995

5. FEI Number

65-0582441

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

Sam Negri

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

1600 NW Boca Raton Blvd

Suite, Apt. #, Etc.

Suite 15

City

Boca Raton

State
FL

Zip Code
33432

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

Sam Negri

REGISTERED AGENT MUST SIGN

Date 01/28/2003

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
P	Sam Negri	1600 NW Boca Raton Blvd	Boca Raton, Florida 33432

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)(l), 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:

Sam Negri Sam Negri

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/2003 561-393-6727

Date

Daytime Phone #

CR2E081 (10/02)




2012

January 28, 2003

To Whom It May Concern:

Please take off the penalty due to the fact that we never received the Uniform business Report for the reason of change of address.

Sincerely,


Sam Negri