

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

02 JAN 14 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # P99000003202

1. Corporation Name

Deerfield Plantation Inc

2. Principal Office Address

2811-E Industrial Plaza

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

32301

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1999

5. FEI Number

59-3551353

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

Mehrdad Ghazvini

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

2811-E Industrial Plaza Drive

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

100004790761--2

-01/23/02--01019-007

\*\*\*1058.75 \*\*\*1058.75

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 1-14-02

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
PO	Mehrdad Ghazvini	6000 Boynton Homestead	Tallahassee FL 32312
VO	Mehran Ghazvini	2910 Royal Palm Way	Tallahassee FL 32308
VI	Behzad Ghazvini	7516 Preservation Road	Tallahassee FL 32312
STD	Hossein Ghazvini	4515 High Grove Road	Tallahassee FL 32308

**REINSTATEMENT**

2000-2002

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: Hossein Ghazvini

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02

Date

878-0900

Daytime Phone #

CR2081 (9/00)