

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND FILED

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

98 NOV 18 AM 11:31

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000093933**

1. Corporation Name  
**DBSM GROUP, INC.**

Principal Place of Business 839 N NORTHLAKE DRIVE HOLLYWOOD FL 33019-1111	Mailing Address 839 N NORTHLAKE DRIVE HOLLYWOOD FL 33019-1111
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**REINSTATEMENT** 98

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	10/23/1997
5. FEI Number	65-0790387
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
Applied For Not Applicable	
\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	GRISWOLD, ROBERT C	839 N NORTHLAKE DRIVE	HOLLYWOOD FL 33019

600002596806--9  
 -11/25/98--01069--043  
 \*\*\*\*750.00 \*\*\*\*750.00

11/10/98

8. Name and Address of Current Registered Agent

**GRISWOLD, ROBERT C**  
 839 N NORTHLAKE DRIVE  
 HOLLYWOOD FL 33019-1111

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, Etc. \_\_\_\_\_  
 City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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.

Signature of Registered Agent: [Signature] **REQUIRED** Date: 11/10/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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)(f), 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] **REQUIRED** Date: 11/10/98 Daytime Phone #: 954-921-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20040 (9/98)